A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

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LECTURE VI.—PART I.

MR. PRESIDENT AND GENTLEMEN,—It remains for me to-day to concentrate your attention upon diseases of the hip-joint, and to adduce cases to substantiate the value of rest as a therapeutic agent in such cases.

I may commence this subject by observing, that in most systematic works on Surgery, whilst diseases of the joints are referred to under one head, there is generally a separate chapter devoted to morbus coxæ, or morbus coxarius as it is termed; thus leading us to entertain the notion that there is some special peculiarity with respect to the diseases and symptoms, or pathological anatomy of the hip-joint. I believe this to be a mistaken idea. As far as I know, there is nothing special or peculiar in any way as regards the structures or the diseases of the hip-joint compared with analogous structures in other joints. Their physiological and pathological conditions are in no wise peculiar, nor in any way special; they are obedient to the laws which are observed to prevail in other joints and in other parts of the body. Nor do I believe that there is anything distinct in the constitutional tendency of hip-joint disease; yet it seems to me that professional opinion points to the hip-joint as emphatically the chosen seat, or special locality, for the manifestation of scrofulous disease of joints. This, to my mind, is a great error—an error, also, which has a very bad influence; because if your attention be directed to a case of pure scrofulous disease of the hip-joint—understanding by the term scrofula a tuberculous constitution, highly cachectic, or at any rate disposed to the formation of tubercle, or with tubercle already existing in the part diseased—I say if you look at a case of hip-joint disease from that point of view, the prospect of relief to the patient will appear very small, (something like that which attaches to a person who is suffering from pulmonary consumption, with an early death before him,) and the treatment will thenceforth be likely to assume a palliative rather than a strictly curative character. If the surgeon affix such an idea to every case, or to the majority of cases of hip-joint disease coming under his notice, he will feel little disposed to adopt anything like a persevering plan in his practice, and without such a plan he will surely fail in the proper treatment of the disease.

Another error often committed is one which we have inherited from a previous generation of surgeons, and the entail of which I should like to see cut off. It was, and is now in some places, the disposition of surgeons to require that the patient suffering from hip-joint disease should manifest those marked symptoms which are deemed to be characteristic of hip disease, such as the shortening or lengthening of the limb, a fulness or flatness over the gluteal region, want of symmetry in the subgluteal folds, pain at the inner side of the knee, greatly disturbed health, and considerable lameness. Now the very fact of its being the opinion of some surgeons that shortening of the limb is characteristic of the disease, and of others, that lengthening of the limb is characteristic of it; of some, that there should be a want of symmetry in the gluteal region, and of others, that the symmetry is not necessarily altered—all this, I think, is a satisfactory proof that those symptoms may be wide of direct and positive indications. As far as I have been able to judge, however, early lengthening or shortening of the limb is almost always the result of inclination of the pelvis. I have taken great care and trouble to determine this point in my own mind, by carefully measuring and comparing the two limbs, and I do not know that it has ever fallen to my lot to see a case of well-marked uncomplicated hip-joint disease, where there was a difference in the measurement, in which the lengthening or shortening did not depend upon the inclination of the pelvis. I am not speaking of those cases of advanced disease about the joint, nor of cases of dislocation from disease. These highly-characteristic symptoms which are put prominently forward as indicating disease of the hip-joint, or morbus coxarius, are not the early symptoms of hip-joint disease. When we see such symptoms, we may be sure that the disease in the joint has made a considerable progress. Now it seems to me that we should search for the local symptoms which precede the period referred to, for when these symptoms stand out so prominently and distinctly as to be recognizable by anybody, the local mischief must be great, and there can be then but little professional credit in "making out" the cause of the symptoms. It is highly important that the surgeon should recognise the diseased condition of the joint previous to that period, for that is the time when the most beneficial effects will be consequent upon a steady and long-pursued plan of treatment by rest.

If we succeed in diagnosing disease of the hip-joint early, I am quite confident that it will not fall to the lot of surgeons to see those sad and sometimes hideous cases which we so frequently observe, especially in hospital, and sometimes in private practice. It is, I think, a most condemnatory fault for surgeons to assume that there is nothing wrong in the hip-joint, unless some of those very conspicuous symptoms be present. The all-important point is the early recognition of the first deviation from a healthy state; and I would anxiously urge upon you, that even a suspected case of disease justifies a plan of treatment by rest, which, in my belief, would, in the majority of such doubtful cases, be the means of preventing the occurrence of the more formidable symptoms; and I would venture to affirm, that even if the more advanced and more formidable symptoms be displayed, still the case may be amenable to the influence of rest, and I hope to prove this by illustrative cases.

Referring to hip-joint disease in children, let me say, it will be especially important for the surgeon to bear in mind that the acetabulum in a child is very shallow compared with that of an adult, and that it thus offers greater facility for displacement; and I apprehend this may be the reason why dislocation of the thigh-bone occurs so frequently in cases of hip-joint disease at an early period of life. I do not know that that is the only element which determines this point, but I think it may be considered an influential one. I shall not dwell upon the anatomy of the hip-joint, except to remind you that its muscles perform their functions in groups, that each group has a trunk nerve of its own, and that each nerve contributes a branch to the hip-joint itself. You see a branch of the anterior crural nerve passing to the hip-joint; a branch of the obturator going to the capsular ligament, and to the ligamentum teres; and here is a branch from the sciatic and pudic nerves, the same nerve that supplies the gemelli, the quadratus femoris, and the obturator internus, proceeding to the posterior aspect of the hip-joint. (Figs. 36 and 37.) This anatomy should be borne in mind, because it explains how it happens that the remote and sympathetic pains associated with an inflammatory condition or chronic disease of the hip-joint are not always found at the same part of the limb. We all know very well that one of the earliest symptoms, in some cases of hip-joint disease, is remote from the actual seat of mischief—namely, within the knee, or on the inner side of the knee-joint; and we are familiar with the explanation of it—namely, that the obturator nerve, which contributes a branch to the ligamentum teres, extends a branch to the interior of the knee-joint, to the inner side of it, and sometimes lower down than that. The inflammation or a diseased condition of this ligament necessarily involves the little branch of the obturator nerve, and a sympathetic pain is produced at the other end of the same nerve, on the inner side of the knee or within the joint. As it is frequently with the obturator, it ought to be sometimes with respect to the other nerves of the hip-joint; but the frequency of this knee-pain, whether within the knee-joint or on its inner side, indicates the ligamentum teres to be the most common seat of early disease. We observe this same sympathetic pain in old persons, who may or may not have had a slight injury to the hip, but in whom the ligamentum teres softens down and disappears. Such persons often complain of severe pain within or on the inner side of the knee-joint. Some years ago I saw a case in

which, after injury to the hip, this symptom of pain in the knee-joint was well and early marked. Afterwards the limb was slightly shortened, and the foot everted, imitating the reputed symptoms of fractured neck of the thigh-bone. I subsequently examined this patient's hip-joint, and found that the injury was confined to the ligamentum teres.

FIG. 36.

Sketch of nerves supplying the anterior and inner parts of the capsular ligament of the hip-joint.
a, Filaments from the anterior crural nerve. *b*, Filaments from the obturator nerve.

FIG. 37.

This drawing represents some of the articular nerves to the hip-joint. It is a view of the posterior aspect of that articulation.
a, Branches of nerves from the great sciatic. *b*, Terminal filaments of the obturator nerve.

Now, suppose that the anterior part of the capsular ligament (which receives a branch from the anterior crural) is inflamed, you will then see, applying the same law, how it may happen that the patient with a diseased hip-joint may have pain on the outer side of the knee, or in front of the knee, or on the inner side of the ankle, because the anterior crural nerve sends branches to all those particular spots. Or if the inflammation or injury begins at the posterior part of the capsular ligament, which receives a branch or branches from the great sciatic nerve, then the patient may have a sympathetic pain actually at the heel or in the foot. I repeat these remarks in reference to the nervous supply, because an impression, I think, is abroad that the sympathetic pain of hip-joint disease is always on the inner side of the knee-joint, and that this local symptom is essential to a correct diagnosis. This, it seems to me, is not true. I admit its greater frequency, because, as I have already intimated, the ligamentum teres is perhaps the part where hip-joint disease actually begins most commonly, and that corresponds with the increased frequency of the sympathetic pain on the inner side of or within the knee. To put this point more strongly: it sometimes happens in hip-joint disease that there is no pain in the knee-joint at all (I have seen several such cases); this local pain therefore must be considered as a fortuitous, not a constant, symptom, and to be relied upon as diagnostic or indicative of diseased hip-joint.

We ought further to bear in mind that the hip joint lies very deep, and that therefore one of the earliest symptoms of an inflammatory condition—namely, a sense of heat in the part, is not likely to be recognised early in the disease except by a careful manipulation. There is no local symptom which characterizes the inflammatory condition of a joint so certainly as the increase of temperature in and over the part inflamed. This is one of the symptoms on which every surgeon may positively rely when examining a suspected disease of any joint, provided he is able to make accurate manual examination of it, in reference to the existence or non-existence of an inflammatory condition; and when this local symptom of increased heat exists, it is absolutely satisfactory. But you will observe it is one of the symptoms which you may not be able to reach in a very early stage of hip-joint disease, because the joint which is the seat of the inflammatory heat lies so deeply, and is covered at some parts by such a large mass of soft structure, that it is difficult for the hand to appreciate an increased temperature on the surface, but if, with the other symptoms of lameness and tenderness to which I will presently allude, you find an increase of heat in the neighbourhood of the hip-joint, you may be sure that there exists a subjacent inflammatory condition.

Here, then, we see two sources of fallacy in diagnosis of hip disease which have existed: one as to the position of the sympathetic pains, and the other as to the non-existence of heat. If we say that the sympathetic pain is always on the inner side of, or within, the knee, and we are called to a case where it does not exist, of course it excludes from our consideration hip-joint disease. Or if we say that every inflamed joint is marked by an increase of heat, and we are called to a case where this does not exist (but I think it is very rarely absent) of course that again would exclude hip-joint disease from our consideration.

There is another source of difficulty in diagnosis, which time will not allow me to dwell upon—namely, cerebral or spinal marrow disease, which may induce or cause some of the physical signs of hip-joint disease.

RECOVERY FROM BRIGHT'S DISEASE.

BY THOMAS WILLIAMS, M.D. LOND., F.R.S.,
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TWENTY years ago, Bright's disease, in all its forms, was believed to be incurable. Ten years later, it came to be admitted that recovery was possible from some of its varieties. This change of opinion was in great part due to the researches of Dr. George Johnson. The investigations of living pathologists and practical observers place it now beyond doubt that *permanent* and *complete* recovery may take place, under certain circumstances, from this disease. But though this conclusion has been deliberately arrived at by a few special investigators, it is by no means accepted by the profession at large. No physician acting on behalf of an insurance company will, even at the present time, pass as "healthy" the life of one who has once been the subject of albuminous urine (that from scarlet fever excepted). It is therefore believed that the cases which

are recorded in this paper will constitute no uninteresting contribution towards a better knowledge of the natural history of this disease. In the narrative of these cases all details will be studiously avoided: such particulars only will be stated as will enable the reader to perceive the form or type of disease under which they should be classified.

CASE 1.—Twenty years ago, a medical student in whose fate I was deeply interested, and whose age was twenty-two years, became affected with an illness under the following circumstances. At the end of the winter session in one of the London hospitals, at which he had been severely working, and while enjoying his ordinary health, he was seized in one night with bloody urine and frequent desire to pass it. The urine was first discovered to be dark in colour and much reduced in quantity on rising in the morning. His suspicions were excited as to this symptom, and he went to Dr. Barlow, who tested the urine, and found, upon the addition of nitric acid, that it was literally converted into one clot of albumen. My friend on the following day visited Dr. Bright, who at once pronounced the urine to be highly albuminous, and recommended the patient to leave town for the country, holding out no hope of recovery. I then accompanied my friend to Dr. Prout, who, after careful examination, said that the case was one of hæmotrophy of the kidneys, the urine being bloody, highly albuminous, and of high specific gravity. Satisfied, now, that he had become the subject of Bright's disease, my friend resolved to leave for the country. Neither Dr. Bright nor Dr. Prout would hold out any hope of recovery. Dr. Prout said that he had known several people who had gone on for ten years in comparative health, the urine being constantly albuminous. Dr. Golding Bird, upon whom we called just before our departure from London, manifested the strongest and warmest interest in the case, and stated, after a patient examination, that the case was one of "acute congestion of the kidneys." Neither of these physicians recommended lowering treatment.

Our return to the country was made on the tenth day after the first appearance of the symptoms. The urine was still scanty—less than three quarters of a pint in the twenty-four hours; the dropsical symptoms every day increased; the urine was as dark as porter and highly albuminous; the skin was dry and feverish; the breathing was growing in tightness and difficulty. In a fortnight further the body had greatly increased in size, while the urine had scarcely at all augmented in quantity. Convinced that he was going to die, greatly alarmed at the swelling and the difficulty of breathing, the patient determined to resort to the compound jalap powder and warm baths. From this moment a change for the better became evident; the skin began to act, and the urine increased in quantity. Thus he continued for three months.

About this time he again visited Dr. Prout, who reported that the case was going on favourably. The urine had increased in volume; the skin was acting; the dropsy had diminished very considerably; the quantity of albumen in the urine had also become much smaller, although large enough still in amount to form a clot, and it had become smoky in colour, indicating a great reduction in the proportion of the red corpuscles. He prescribed the citrate of potash and iron.

Dr. Prout, on this occasion, introduced us to Lord S——, who was (in 1843) labouring under precisely the same symptoms as my medical friend. We then again repaired to the country, a constant correspondence being kept up with Dr. Prout. For six months the patient continued gradually to improve. At this period the dropsy had entirely disappeared, he had become pale and thin, the urine had greatly increased in quantity, and micturition was frequent both during the day and the night. The urine, allowed to stand in a long conical glass, deposited masses of casts, epithelial scales, oil-globules, red corpuscles, and granules. Possessed of a good microscope, my friend made repeatedly beautiful drawings of these objects. It would be easy to prove, by reference to his elaborate notes, that he fully anticipated Dr. Johnson in his definition of the fibrinous casts. He invariably stated that they consisted of fibrin which had undergone coagulation in the uriniferous tubes; that the epithelia constituted the scaly lining of these tubes; that the oil-globules had been secreted by these cells into their interior, as Bowman had explained as regards the oil and cells of the liver.

For eighteen months this case was most minutely watched. During this time the urine averaged three pints in twenty-four hours; it continued to present a slight muddy or smoky tint, in specific gravity it never fell below 1012; the albumen gradually lessened until at length it contained no clot, but only a slight granular opalescence was formed under heat and nitric acid. The patient was still pallid, dyspeptic, and nervous; but active in intellect and bodily habits.

It could not be said that the albumen had entirely and completely disappeared from the urine until two years had elapsed from the first attack. For several years (certainly three or four) after this date, there persisted a slowly-decreasing amount of renal irritability—that is, micturition frequent at night, and the urinary secretion was rapid and excessive in the day if a *stimulus* at any time were taken. At the end of two years it was easy to detect, in specimens of the urine which had been allowed to stand for some hours, a few casts, cells, and oil-globules. No return of the bloody urine after the first onset ever took place, nor of the general œdema. No evidence of any serous inflammation at any stage of the case ever occurred. Palpitation of the heart, caused by an anemic condition for some years, was complained of.

Nearly twenty years have elapsed since my friend was downstruck by his attack. He is now in perfect health. The urine has been perfectly healthy for at least fifteen years. He has never experienced the slightest relapse or return of the original symptoms.

It should be stated that the subject of the above case experienced a severe attack of scarlet fever at the age of sixteen years. During the interval which elapsed between this date and the time when he became the subject of Bright's disease, he passed through a severe illness from typhoid fever. He believes, from the account given to him by his mother, that slight dropsical symptoms followed his illness from the scarlet fever.

CASE 2.—In 1843 and 1844, when my patient and myself were visiting Dr. Prout, the latter introduced us to Lord S——. He conducted the analysis of the urine in our presence; it was bloody, albuminous, and scanty, and the patient was dropsical. The course and stages of his case have been most remarkably similar to those of Case 1. A recent communication has assured me that his Lordship has been in the enjoyment of perfect health for many years, and is so at the present time.

CASE 3.—In 1844, in the practice of the late Mr. Terry, of this town, there occurred a case which came under my especial notice. A collier, aged twenty-one years, became dropsical. Mr. Terry and myself examined the urine: it was scanty, and had been so for eight or nine days; it was red in colour and highly albuminous. The body was swelled considerably, the breath tight, and the skin hot and feverish. Mr. Terry, who was then an old practitioner, remarked that such cases had been familiar to him for many years, and that he had always been in the habit of treating them by *bleeding*. He withdrew about eighteen ounces of blood; the patient fainted. I watched him narrowly for a month. On the day following the bleeding, the breathing had improved, the urine increased in amount, the skin became moist, and the albumen diminished in bulk. In six weeks he was at his work again. For fifteen years I have from time to time seen this man: he has never had a return of the blood or of the albumen in the urine; he has never suffered from pleurisy, and the urine is now quite healthy.

CASE 4.—The late Mr. Terry, who was concerned with a fatherly interest in the case of the medical student which I have described, when summoned to visit a farmer's son, who was eighteen years of age, requested me to accompany him. This was in the autumn of 1844. We found the patient swelled with dropsy everywhere; the urine very small in bulk, like porter, highly albuminous. Mr. Terry took away blood to syncope, according to the fashion of that time amongst country practitioners. Deeply interested myself, I continued to watch this young man for some time after. He certainly was quite well in two months from our first visit. I know him to be at the present time a fine, strong, hearty man. He had never had scarlet fever, and has never suffered from illness since that time.

CASE 5.—In 1845, I was requested to visit a patient in company with the late Dr. Rowland, of this town. Dr. Rowland knew my medical friend, and took much interest in his case. As soon as a case occurred to him which appeared to be similar, he drew my attention to it. We went. We found a young man, about twenty years of age, in a highly dropsical state; the urine sanguineous and scanty, clottily albuminous. The patient had been in this state for some days. I related to Dr. Rowland the treatment adopted by Mr. Terry in such cases. I contrasted it with that of the great London physicians. He agreed that we should adopt an intermediate course. Our patient was purged, cupped on the back, and put on low diet.

He was six months in recovering, but he did recover, and has ever since been quite well. I have only recently seen him; he is perfectly healthy.

CASE 6.—A young clergyman, in 1845, came to me in great distress. He was about twenty-five years of age, and had lately entered upon a curacy. He had for some time suffered from indigestion. Suddenly he found that he was swelling, and that his urine was becoming scanty and high-coloured. I found that it was charged with blood-corpuscles, that it was highly albuminous, and of high specific gravity. I treated him as Dr. Bright, Dr. Prout, and Dr. Golding Bird had treated my friend. He was purged every morning with the compound jalap powder, and very soon he was put upon mild preparations of iron. He was at least two years in recovering, but he is now quite sound and hearty. I am not aware that he has ever experienced any illness from that time to this.

The preceding six cases I venture to relate as cases of perfect and lasting recovery from Bright's disease.

During the last twenty years I have seen many others. I am sure that many of them are now alive—some of ten, eight, seven, six, and five years old. During the last few years many of my "Bright patients" also have died.

Twenty years ago, not for a moment supposing that the life of my medical friend would have been long vouchsafed, I grasped with eagerness at points of relevant practice, and noted the incidents of every case occurring either in my own practice or that of my friends. I feel quite confident that the mode of treatment adopted by the practitioners of that time was the most happy and the most rapidly successful. In every case, *at the right stage*, in which venesection was resorted to recovery was rapid. In recent years, I have never hesitated in my own practice, in cases which Dr. G. Johnson has so excellently described as those of "acute desquamative nephritis," which corresponds with the hæmotrophic kidney of Prout, and with the first stage of the large white mottled kidney of more recent writers, to conduct the treatment upon the antiphlogistic plan. Of late years, from my own experience, the conviction has strongly grown upon me that under appropriate, judiciously-directed management, every one of these cases of hæmotrophy *ought* to issue in permanent and complete recovery. But, alas! in this country thousands of persons die under this unquestionably *curable* form of renal disease. As soon as the urine becomes bloody and albuminous, and the system œdematous, resolute treatment should be adopted.

Ever since it was my fate to track the march of the symptoms in the case of my medical friend, I have been convinced that his recovery would have been much more speedy if the treatment had been more decisive. But that is past. Let us deduce the lesson. In every instance in which recovery has taken place, the urine has been bloody and its specific gravity high, the system œdematous, the general power good. In the rapid recoveries, venesection has been adopted; in the slow recoveries indifferent treatment has been resorted to. The latter, modifiedly, may be the right course in large cities; in the country unquestionably the former mode of practice is the best. In no single instance in which the urine has slowly and insidiously become albuminous, in which the system seldom becomes œdematous, in which the urine never presents a bloody tinge, have I known recovery to have occurred. In such cases the kidneys are small, contracted, and granular; and, with Dr. Dickinson, I believe in the specific distinctness of such cases from those commencing with œdema and bloody urine. From all that I have observed, I yield my support to those who maintain that the fatty and amyloid degenerations are stages of one declensionary course, and that they draw their commencement from the hæmotrophic kidney.

No observer in England has studied the conditions of the general system which always prelude the development of kidney disease. These preliminary stages do exist, and are well marked. On another occasion they shall be discussed.

Swansea, 1861.

ON VESICO-VAGINAL FISTULA.

BY I. BAKER BROWN, ESQ., F.R.C.S.

IN the Second Edition of my work "On Surgical Diseases of Women," I have related the history and result of forty-two cases of vesico-vaginal fistula, of which forty were cured. I have now much pleasure in relating the history of seven more cases which have occurred since all of these have been cured, thus bringing up the total number to forty-nine, of which forty-seven were cured and two have died. Of the seven about to be related, five have been cured by the first operation. They have all been treated in the London Surgical Home, and the histories are abridged from the reports in the case-book of that institution. In order to give a more correct notion of the various situations and consequent various difficulties of each case, my second son (Mr. I. B. Brown, jun.) has prepared diagrams made from drawings taken from life immediately before operation.

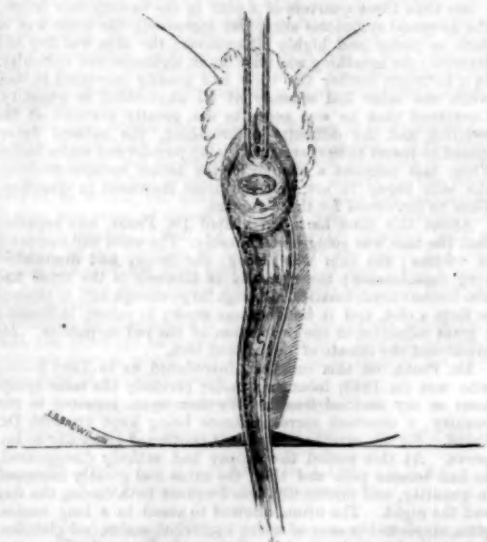
As there may be many who have not witnessed the operation for vesico-vaginal fistula, I shall, previous to relating the cases, say a few words as to the present mode of operating on these cases. There have been many improvements and alterations suggested; but I think it will be agreed that the plan I at present pursue is about as easy and perfect as can possibly be.

The patient being placed, under the influence of chloroform in the lithotomy position, or without on her hands and knees, the bent speculum (Fig. 1) is introduced, and, if in the former

FIG. 1.

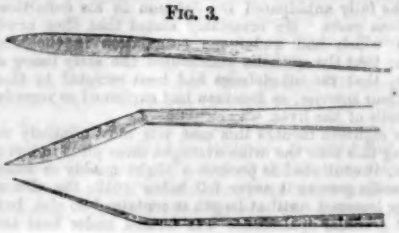
position, the urethra held up by a pair of vulsellum forceps. The first step is to pare the edges of the fistula. (Fig. 2.) This

FIG. 2.



is done by knives made for the purpose, one for the right and the other for the left hand (Fig. 3); the fistula being held

FIG. 3.



meanwhile either by a pair of forceps, or transfixed by a curved needle. The latter is perhaps preferable, as, besides everting both edges of the fistula, it has the advantage of having a needle inserted ready to be armed in the second stage. This consists in passing needles, made on the same principle as Startin's; but instead of being of flexible material, they are made of rigid steel, and with various curves—fourteen in all. (Fig. 4 represents Nos. 1 and 14.) The needle is passed within a quarter of

FIG. 4.

an inch external to the denuded surface, and thrust through the coats of the vagina and the muscular tunic of the bladder, avoiding its mucous lining, and out again on the opposite side at the same distance from the fistula. (Fig. 5, A.) The wire having been previously passed, the needle is drawn out, the wire being held in (B) by forceps to be fastened. This is extremely simple. I have used shots and buttons, and have invented clamps, &c., (all of which are described in the book already mentioned,) but I have come to the conclusion that nothing is so easy or effectual as simply to twist the wire round and round with the fingers, or, if too far to reach thus, by Weiss' self-holding forceps (Figs. 6 and 7). The ends of the wire are cut off (Fig. 5, C), and the operation is completed. No dressing is required. The patient is placed in bed on her side, with her knees drawn up. A male elastic catheter, without the stilette and with bag attached, is introduced, and the patient left quiet for ten or fourteen days; when, to take out the wires, one has only to cut them on one side of the twist, and draw them out with forceps in the ordinary manner.

(To be concluded.)

FIG. 5.

FIG. 6.

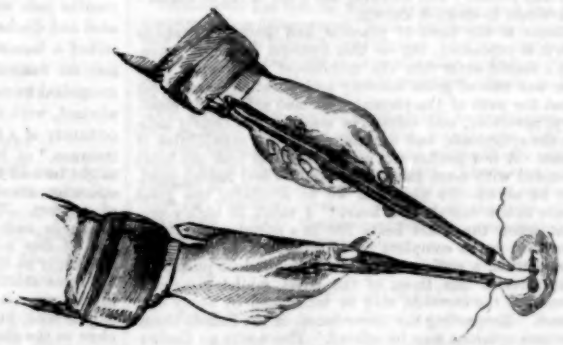
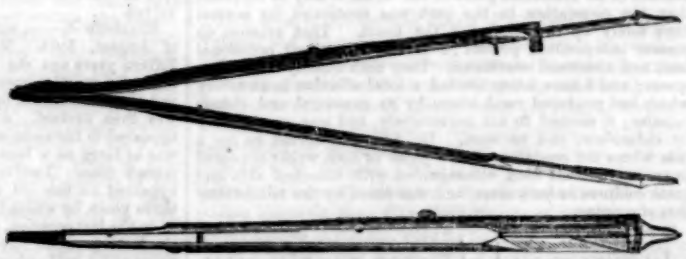


FIG. 7.



ON SOME DISCORDANCES IN THE ARTERIES AND HEART.

BY WILLIAM BAKER, M.A., M.D., Howden.

PATHOLOGY has certainly done much to aid us in the investigation of disease, and to lead us to a correct diagnosis. Still the physician is frequently very seriously perplexed. In organs the most essential to life, it is on many occasions no easy matter to determine whether the morbid phenomena we witness are the result of disordered functions, or are dependent upon some serious organic lesion; and it requires no trifling degree of intelligence and tact to enable us to come to correct or satisfactory conclusions respecting them. In inordinate and paroxysmal affections of the heart, for instance, the pulse, on many occasions almost a sure index to the various pathological conditions of the heart, will occasionally completely fail us—the strict accordance betwixt them no longer exists. The pulse at the wrist may be feeble and irregular, when the heart is acting with both force and regularity. Neither do the radials on all occasions propagate every beat of the heart; in some rare instances the pulsations of the wrist are only half those of the heart, and this at a time when the carotids are found in the strictest accordance with the heart both in force and frequency. With this discordance of physical signs we occasionally find likewise a great variety of symptoms. It is so, because the sufferings we witness may be produced by various sympathies, or they may be caused by some serious organic lesion of the heart itself. In support of some of the above facts or positions I beg leave to report the following case:—

Mrs. P——, a lady aged fifty-four, of healthy appearance, was seized during the night of Thursday with many uncomfortable feelings, oppression and palpitation of the heart. The palpitation continued and gradually increased in violence till Sunday, the day of my first visit. She said she had suffered

occasionally from palpitations for twenty years, but that all former attacks were as nothing to the present one. The heart was certainly acting on this occasion most riotously. She said it had got to the wrong side, but, in fact, that she felt it in every part of her. The respirations were 34 to 40. Pulse at right wrist not detectable; left, 100 and feeble. The impulse of the heart was great, beating 200 in a minute; and the carotids accorded with the heart both in force and frequency. During Sunday, Monday, and Tuesday there was little change. The heart and carotids during those days were beating 200, 180, and 160; the right radial was still extinct, and the left only propagating every other beat of the heart. On Wednesday the heart and carotids, always in accordance, descended to 100; the right radial had resumed its beat, and, along with the left, was found to accord numerically with the heart and carotids. The improvement was then rapid, and the patient was soon restored to good health.

In spite of the extreme symptoms and suffering in this case, I was inclined to believe it was one of great functional disturbance, most probably produced by reflex action of the ganglial nerves, and the stomach the offending organ. The respirations were certainly very greatly quickened, but not particularly embarrassed. Elevation of position was not required, yet the call for fresh air was rather urgent. On the morning of Sunday, previous to my visit, on becoming erect she experienced some vertigo, which was immediately relieved by returning to bed. Both signs and symptoms, I think, warranted the opinion I had formed; and knowing the good it might effect, I did not hesitate to make it known.

Hypothesis is the basis of practice, and theory the vehicle by which it is explained, but on this occasion it is not necessary that I should enter into the minutiæ of treatment. The paroxysm was one of great severity and duration—nearly six days,—but the path of the physician seemed sufficiently clear. Depletory, revulsive, and calmative means were clearly indicated by the symptoms, and sanctioned by the capabilities of the patient. A few leeches and a cupping glass near the heart were attended with some immediate comfort and lasting good.

It may be asked—To what are we to attribute the great discordance in the radials and heart? I think it highly probable that when the heart beats 200 in a minute, its systolic action may not be so complete as to enable it to propel, on every contraction, a sufficiency of blood to produce pulsations in remote arteries like those of the wrist, whilst more contiguous ones, as the carotids, may be influenced by every beat of the heart. Respecting the discordance in the radials themselves various opinions may be offered. There was no diminution of power or temperature in the right arm; and, in the absence of all detectable pulse at the wrist, it may be supposed that the circulation in the part was continued for several days solely by the efforts of the heart. That arteries do possess independent powers is revealed by their occasional local and abnormal conditions. They undoubtedly suffer from spasm; and I have lately treated a local affection in an artery which had produced much alarm by its unnatural and riotous impulse; it seemed to act convulsively, and was cured chiefly by chloroform and pressure. Dr. Elliotson named to me a case where the cessation of the pulse in both wrists appeared in an intermittent form, accompanied with blanched skin and great coldness in both arms, and was cured by the administration of quinine.

Howden, Nov. 1861.

ILLUSIONS PECULIAR TO PATIENTS WHO HAVE UNDERGONE AMPUTATION OF LIMBS.—M. Rizet, surgeon-major to the 32nd Regiment of the Line, in France, mentions, in the *Gazette Médicale de Paris* of the 2nd inst., several cases illustrating certain sensations experienced in stumps, in confirmation of similar cases published in the same journal on the 5th ult., by M. Gueniot. M. Rizet's four cases refer to amputations at the shoulder-joint, of the arm, of a portion of the foot, and of the leg. In all these cases the patients mentioned sensations as if the fingers or toes, as the case might be, were retracted in the wound or stump, so much so that one of the patients insisted on the dressings being taken off, complaining that some foreign body had been left in the soft parts. Another peculiarity, experienced by some persons who have lost a limb, is the fear of knocking the absent limb against door-posts or pieces of furniture, when going by. M. Rizet asks the question whether these illusions, which were common enough before chloroform was used, are now as frequently met with. A point of practice worth notice is the fact that sensations of the kind described were always experienced in the cases which made a good recovery.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo necessâi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

LARGE RECURRENT FIBROID TUMOUR, SITUATED ABOVE THE LEFT BREAST; SUCCESSFUL REMOVAL.

(Under the care of Mr. FERGUSSON.)

THE persistence of recurrence is well shown in the following case, the notes of which were taken by Mr. H. Marsdin, the dresser of the patient. After each removal the nature of the growth appeared to become more and more malignant, a usual character of the recurrent fibroid disease. For the last six months pain was a prominent symptom, and the tumour ulcerated and discharged some blood. Through bad advice she consulted a homœopathic practitioner, who promised to cure her; but the tumour grew larger and larger, and at last she was compelled to come to the hospital for relief. An operation was advised, with the risk of a large wound; yet if neglected the certainty of a fatal result was quite apparent. "Here was an instance," as Mr. Fergusson remarked, "in which the patient might be said to be half dead from the disease, and yet, if the operation should prove successful, she might have some years of comfort. This tumour should not have been allowed to attain to such a size, as the operation would then have been one of less magnitude." During its performance there was seemingly at first a great flow of blood; it, however, turned out to be chiefly serous. Instead of dissecting out the tumour in the present instance, Mr. Fergusson enucleated it to some extent with his fingers, thus avoiding much bleeding. It ran close to the clavicle at its inner end, over the sterno-clavicular insertion, a spot where he thought it was the most likely to return. The mammary gland below the tumour was uninvolved.

Elizabeth E——, aged forty, widow, admitted on the 16th of August, 1861. Has resided in London thirteen years. Fifteen years ago she perceived a reddish, painless tumour, as large as a marble, immediately below the left clavicle. At the end of ten months it had increased to the size of a walnut, and was then excised. At the expiration of five months it reappeared in the same spot, and at the end of twelve months it was as large as a breakfast-cup. It was now excised for the second time. Twelve months after the last removal it reappeared in the old cicatrix, and after remaining there for three years, by which time it had attained the same dimensions as on the last occasion, it was removed for the third time. After the last operation the disease remained in abeyance for five years and a half, when it again appeared; and from this time (eighteen months ago) it has continued to increase in size. For the first year it was painless, and her general health was not affected by it; but six months since that began to fail, and she commenced to suffer from a throbbing pain in the tumour. A month ago it broke in two places, and discharged a little blood.

Aug. 16th.—The tumour occupies the left subclavian region, above the left mamma; it measures 27 inches in circumference, 15½ from side to side, and 13½ from above downwards; its surface is traversed by prominent and tortuous veins, and the integument covering it is of a deep red, interspersed with patches of purple. The patient wears an anxious expression of countenance, and her skin is sallow, but she is not emaciated.

17th.—The patient being placed under the influence of chloroform, Mr. Fergusson made two incisions from the axillary to the sternal margin of the tumour, enclosing an elliptical portion of skin on which the two sores were situated. The skin was now withdrawn from over the tumour, and the latter shelled out, any very adherent portions of connecting tissue being divided by a touch with the scalpel. A few of the larger vessels were next tied. The operator then proceeded to remove

a portion of the diseased mass left behind. To accomplish this, he had to dissect close down upon the clavicle and anterior sterno-clavicular ligament, when healthy structures were reached; the remaining arteries were then tied. The lips of the wound were brought together by a few sutures. Lint dipped in iced water, a compress and bandage, were now applied.

The tumour weighed 5¾ lbs., and was as large as an adult's head. The greater part of its substance had a gelatinous appearance, somewhat resembling colloid cancer, and in the centre were large, yellowish masses, apparently tubercular. On microscopical examination of some of the juice, it was found to contain oval and fusiform cells, enclosing nuclei, with nucleoli and granular matter.

18th.—Passed a pretty good night. Ordered six ounces of brandy.

19th.—Slight discharge from the wound. The skin is greatly contracted, and not at all superabundant. She has lost the anxious expression of countenance.

23rd.—Edges of wound sloughing. Poultices to be applied.

26th.—Base covered with healthy granulations; there is a discharge of healthy pus.

On the 1st September she sat up; by the 3rd, cicatrization was taking place; and on the 6th, the sallowness of the skin had disappeared. She was discharged on the 7th, with the wound nearly healed.

There has been no return of the disease up to the present time.

MIDDLESEX HOSPITAL.

TRUE HYDATID CYSTS DEVELOPED IN THE LEFT BREAST OF A WOMAN WHO, WHEN A CHILD, WAS SUBJECT TO TAPE-WORM; REMOVAL.

(Under the care of Mr. MITCHELL HENRY.)

OF all the glands in the body, the breast would seem to be one of the least liable to the presence of the unmistakable hydatid cyst; for the records of cases in which such parasites have been found are extremely few. Mr. Birkett records an instance, in his practical work on "Diseases of the Breast," of a woman aged fifty-one, the subject of an hydatid cyst in the left breast for six years, which on removal gave all the true characters by which an hydatid is known. He believes it to be the only instance in which the presence of echinococci has been demonstrated in a cyst in the female breast. Sir Astley Cooper, Graefe, Dupuytren, De Haen, and others have related cases of hydatid cysts developed within the breast. Mr. Birkett mentions, in his article "Mamma," in the third volume of Costello's "Cyclopædia of Surgery," lately published, that doubtless in some cases on record the entozoa have really existed. We have now the opportunity of recording an undoubted example, which came under our observation at the Middlesex Hospital, and of which the following details convey an accurate account. They were kindly furnished by Mr. F. H. Watts, late house-surgeon to the hospital. A point of considerable interest in connexion with the early history of the patient is the fact that when a child she suffered from tape-worm. The glands in the axilla were enlarged from the irritation caused by the hydatids, but this symptom completely disappeared after their removal. Not only were echinococci found in great numbers, but also hydatids varying in size, within the parent cyst.

Mary Ann M——, aged twenty-eight years, a married woman, the mother of four children, was admitted on Feb. 12th, 1861, having a tumour in the left breast, from which she had suffered for five years. Her health up to the period of her admission had been good; but when a child she suffered a great deal from tape-worm. She had lived well all her life; but her food consisted in great part of bacon and pork, which latter she generally ate well cooked. She does not recollect receiving any injury to the affected breast. Her last confinement occurred two years ago, up to which time the tumour had remained about the same size as when first observed—namely, that of a walnut, and she had experienced no pain or inconvenience from it; but it now began to increase in size, and gave her a considerable amount of pain of a lancinating character, which extended to the shoulder and arm of the affected side. During this period she suckled equally well with either breast. About a fortnight previous to her coming to the hospital, a small, hardish mass was detected in the left axilla, which caused her a good deal of pain, especially after manipulation.

On admission, her general appearance was very healthy; complexion florid; body moderately well nourished, and muscular. To the inner and lower part of the left breast was a roundish, rather lobulated, firm, elastic tumour, about as large as a medium-sized orange, having an indistinct feel of fluctuation, and being freely movable over the pectoralis and in the surrounding tissues. The tumour was slightly painful, but more so after manipulation. There was no discoloration or puckering of the skin, nor were the cutaneous veins enlarged. There were two enlarged and slightly indurated glands in the left axilla, from which she experienced more pain than from the tumour itself. The glands in the clavicular region were healthy. She was ordered meat diet and a pint of porter.

Feb. 20th.—The tumour was to-day removed by Mr. Henry by excision, the patient being under chloroform. It was found to be perfectly distinct from the mammary gland, although some amount of dissection was required to free it from the connexions which adjoined it. There was a very slight amount of bleeding. The wound was covered with a layer of lint soaked in arnica lotion, and the patient removed to bed. Five hours afterwards the wound was closed with wire sutures.

21st.—She has slept tolerably without an opiate; but to-day she has slight headache. Tongue thickly furred; skin hot. She complains of a good deal of thirst, and there is a slight excess of redness of the edges of the wound. Ordered three minims of tincture of aconite in camphor mixture every six hours.

24th.—She has lost all febrile symptoms, and the redness of the wound has disappeared. To discontinue the draught. From this period she steadily convalesced, and was discharged from the hospital twenty-seven days after the operation, the wound having all but healed, and the enlarged glands in the axilla having quite disappeared.

On incising the tumour with a view to examining it, about half an ounce of slightly opalescent, transparent fluid, together with an hydatid the size of a walnut escaped from a sac, having itself all the appearance of an hydatid. There was also a large number of smaller ones attached to the inner surface of the large or "mother" cyst. The walls of the cyst were much thickened. Under the microscope very numerous and well-developed echinococci were seen.

GUY'S HOSPITAL.

MEDULLARY CANCER OF THE RIGHT BREAST, FORMING A LARGE TUMOUR; SUCCESSFUL EXCISION.

(Under the care of Mr. BRYANT.)

IN a total of 250 cases of cancer of the breast of which M. Velpeau had taken note, there were, he states in his work on this disease, only 60 encephaloids against 190 cases of scirrhus. If it were possible to obtain statistics of the cases of cancer of the breast which present themselves in our London hospitals, we think that the proportion of scirrhous breasts to those of the encephaloid or medullary would be much greater than has occurred to M. Velpeau. Within the past ten months a considerable number of breasts have been amputated in the metropolitan hospitals, more than three-fourths of which, we think we are correct in stating, were for scirrhus.

The following case is one that recently occurred at Guy's Hospital, in which the patient had undergone a previous operation for the removal of the affected portion of the breast only—a proceeding which experience has now proved to be completely negatory; for when once a given portion of a breast is affected by malignant disease, the safest plan, to avoid recurrence, or at any rate to permit of a long immunity from it, is the extirpation of the entire gland, and this has become the general practice amongst hospital surgeons.

Sarah C——, a married woman, aged forty, admitted Oct. 1st, with a large cancerous tumour in her right breast. It had been growing for eighteen months, and eight months since, when the size of a cocoa-nut, had been removed by a provincial surgeon. The cicatrix had no sooner healed than the growth reappeared and rapidly increased, forming, on admission, a tumour as large as a child's head. The skin was also much involved, having two weeks previously broken and ulcerated. The health of the patient was good, and no glandular enlargement existed.

On the 8th of October Mr. Bryant excised the growth, when on examination it proved to be a good specimen of medullary cancer. The woman is now convalescent.

ST. GEORGE'S HOSPITAL.

MEDULLARY CANCER OF THE RIGHT BREAST, WITHIN WHICH WAS DEVELOPED A LARGE CYST; EXCISION; RECOVERY.

(Under the care of Mr. POLLOCK.)

WE may take this opportunity of referring to another instance of medullary cancer of the breast, associated with a cyst, which we saw removed on the 21st of last February. The patient, a female, was about fifty-five years of age, with a very prominent and projecting tumour of the right mamma, and looking as if the gland had been suddenly distended with fluid. It had been growing nine months, and was suspected to be sero-cystic disease. After its removal under chloroform, the tumour was found to consist of a very large cyst, filled with a dirty, opaque, yellow fluid, occupying the centre of a mass consisting of medullary cancer, the parietes of which were in some places exceedingly thin. The true characters of this form of malignant disease were, however, unmistakable. There was much bleeding during the operation. The patient progressed satisfactorily, the wound healed, and she left the hospital.

In December, 1860, we recollect seeing Mr. Bowman, at King's College Hospital, remove a breast affected with fungus hæmatodes from a female aged thirty-two, delicate, thin, and sallow-looking. The mass extended into the axilla and side of the chest, and after incising around it, it was removed with the fingers alone. There was no bleeding, and not even a vessel to tie. The operation was performed with the view of prolonging life, even for a short period. This patient had been in the hospital with a cancerous tumour of the left breast a year before, but as she was then eight months pregnant it was not interfered with. Her labour occurred a month after; the child was born healthy, and not suckled. The diseased mass, however, sloughed away, and the sore speedily healed up by healthy granulation. Her disease dated back two years; she underwent an early operation, with recurrence in six months, to disappear in the manner described by sloughing. In August, 1860, she was admitted under Mr. Bowman with a small tumour of the breast, which ulcerated, and then commenced to grow rapidly, turning out to be fungus hæmatodes; this bled so much as to produce extreme exhaustion; it was finally removed in December following.

ROYAL FREE HOSPITAL.

SCIRRHOUS TUMOUR OF THE FEMALE BREAST OF SIX MONTHS' DURATION; SUCCESSFUL REMOVAL.

(Under the care of Mr. ALEX. MARSDEN.)

IN the following case the disease was a well-marked example of the true scirrhus, of but six months' duration; and as it was rapidly infiltrating the breast, it was at once removed. This period is short for the development of scirrhus; but there was an instance under Mr. Lawrence's care, at St. Bartholomew's Hospital, in which the disease was discovered only four weeks before amputation was performed. This was on the 16th of Feb. last. The patient's age was forty; she was thin and short, with previously good health. Mr. Lawrence removed the entire gland, although the affected part was not larger than a good-sized walnut, and on section its true scirrhous nature was apparent. Beyond a little retraction of the nipple, and the presence of a tumour, there was no indication of malignant disease externally:—

Sarah P——, aged fifty-one, the mother of five children, the youngest of whom is five years old. She has had three miscarriages, and has not menstruated for two years. She first observed a small lump in the left breast about six months ago, which remained stationary for two months, when it began to increase in size rapidly, occasionally giving rise to lancinating pain; this, indeed, was the chief source of inconvenience to her. As far as can be ascertained, there is no hereditary tendency to malignant disease, and there appears no ground for attributing it to an exciting cause, such as a blow. There is one small indurated gland in the axilla. Her general health was little affected. The tumour itself may be described as about the size of an egg, but differing in shape, and non-adherent to the pectoral muscle; but the integuments were brawny and adherent at the lower part, in which situation the nipple was involved, but without retraction or other deformity. Upon manipulation, the tumour presented a dense, inelastic mass to the touch, perfectly movable upon the pectoral muscle, circumscribed, and painless. Several small nodules existed beneath the skin at its upper part, apparently in an earlier state of development. The aspect of the patient was peculiarly characteristic of the carcinomatous diathesis.

Oct. 6th.—Mr. Alex. Marsden performed excision of the breast, the patient being under the influence of chloroform; and a section of the disease showed it to be well marked scirrhus. There was little or no bleeding from the operation.

Nov. 7th.—The incision has quite healed; nothing but a thin cicatrix is to be seen. The patient is in good health and spirits, and experiences no pain whatever in the breast.

15th.—She is quite convalescent, and on the eve of discharge from the hospital.

LONDON HOSPITAL.

CYSTIC TUMOUR OF THE RIGHT BREAST IN A MALE; SUCCESSFUL REMOVAL.

(Under the care of Mr. GOWLLAND.)

A MAN, aged sixty-one years, was admitted early in October, with a tumour as large as an orange situate in the right breast. The skin over it was slightly discoloured, but otherwise not diseased. The growth, which was diagnosed to be a cyst, had been observed for nine years, being at first the size of a walnut; periodically it could be emptied by pressure, when the contents, which resembled pale ale, would spirt out through the skin. It afterwards commenced to enlarge, until it had assumed its present dimensions, being now somewhat firmer and less fluctuating. On Oct. 27th chloroform was given to the patient, and the tumour was removed, the nipple being included within an elliptical portion of skin. The nipple was situated to the inner side of the cyst. The wound has since healed up, and the patient has recovered from the effects of the operation.

Cysts in the male breast are uncommon, and but few examples are recorded. M. Velpeau mentions, in his work on "Cancer of the Breast," that he had met with but three, the most remarkable of which was one the size of an infant's head in the right breast of a young peasant.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOV. 12TH, 1861.

DR. BABINGTON IN THE CHAIR.

ON THE DISCOVERY OF THE ORIGINAL OBSTETRIC INSTRUMENTS OF THE CHAMBERLENS.

BY R. LEE, M.D., F.R.S.,
OBSTETRIC PHYSICIAN TO ST. GEORGE'S HOSPITAL.

THE author commenced his communication by stating that the first notice of the discovery of the Chamberlens which he had met with was contained in Mauriceau's forty-first case, which occurred on the 19th of August, 1670. The patient was a woman who had been four days in labour with distorted pelvis, and had been left to die, undelivered, by Mauriceau, when there unexpectedly arrived an English physician named Chamberlen, who was then in Paris, and who from father to son practised midwifery in London. Chamberlen undertook to relieve the patient in less than the half of a quarter of an hour, but after labouring upwards of three hours he was compelled to abandon the case. He returned to London the following day, carrying with him a copy of Mauriceau's "Midwifery," a translation of which into English he published in 1672. The preface contains the only account of the midwifery forceps ever published by the Chamberlens. Where Dr. Hugh Chamberlen, the translator of Mauriceau's work, was born or died, the author has not been able to ascertain. The Roll of the Royal College of Physicians contains no biographical account of this distinguished physician; but there is an interesting life of Dr. Hugh Chamberlen, to whom a magnificent marble monument was erected in Westminster Abbey by the Duke of Buck-

ingham, on which there is a Latin inscription, which was written by Bishop Atterbury. At the time the translation of Mauriceau's work appeared, this eminent person was only eight years of age, and could not therefore have been the individual to whom Mauriceau refers in the narrative of the unfortunate case at Paris, and the translator of his work, as has been stated in the Roll of the Royal College of Physicians, but the son. The preface to the translation concludes as follows:—"I will now take leave to offer an apology for not publishing the secret I mention we have, to extract children without hooks where other artists use them—viz., there being my father and two brothers living that practise this art, I cannot esteem it my own to dispose of, nor publish it without injury to them; and think I have not been unserviceable to my own country, although I do but inform them that the fore-mentioned three persons of our family and myself can serve them in these extremities with greater safety than others." The secret here alluded to, observed Dr. Lee, was the midwifery forceps, which the Chamberlens had invented and perfected; but until the year 1818 no one knew with certainty what the invention was, when Carnardine sent the original obstetric instruments of the Chamberlens to the Medico-Chirurgical Society, with an account of the most extraordinary manner in which they had been discovered at Woodham Mortimer Hall, Essex; (reference was here made to the ninth volume of the "Transactions.") In the month of July the author resolved to visit Woodham Mortimer Hall, but before doing so wrote to Dr. May, of Maldon, requesting that he would have the kindness to communicate any information which he could obtain respecting Dr. Peter Chamberlen and the estate which he had purchased in Essex. Dr. May complied with this request, and communicated in a letter, which was read to the Society, an interesting account of the mansion and of the closet in which the forceps and other instruments had lain above a century and a half. A description of the tomb was also given, and a copy of the inscription, of which no account had been furnished by Mr Carnardine, or by the learned Dr. Munk, author of the "Roll of the Royal College of Physicians." On the 12th of August last, the author made a pilgrimage to the tomb and the mansion where Dr. Peter Chamberlen lived and died. The tomb requiring renovation, he applied to the Coopers' Company, to whom the estate now belongs, and begged that it might not be allowed to perish, but without success. Dr. May employed an artist at Maldon, at the request of the author, to make correct paintings in oil of the mansion and tomb. These beautiful representations were placed upon the table of the Society.

EXPERIMENTS ON SLOW OR CHRONIC POISONING.

BY GEORGE HARLEY, M.D.,
PROFESSOR OF MEDICAL JURISPRUDENCE IN UNIVERSITY COLLEGE, LONDON.

The author began his elaborate paper by referring to the great importance of the subject of slow or chronic poisoning to the medical profession as a whole, and to toxicologists as a class. The symptoms produced by the slow introduction of poison into the system so closely resemble those that are every day met with in natural disease, that unless one's suspicions are accidentally aroused, the effects of the one cannot fail to be confounded with those of the other. Many of the anomalous cases which every now and then occur, and embarrass the practitioner, may be cases of chronic poisoning, if not even of secret murder. It seems a hard accusation to make against civilized society, but Dr. Harley nevertheless believes it to be just, that the cases of poisoning which are discovered form but a small percentage of those that actually occur.

Modern physiology and chemistry have rendered it possible not only to distinguish between the effects of acute poisoning and disease during life, but also to separate and identify in many cases the toxic substance after death. Slow or chronic poisoning has, however, received little or no attention, and may therefore be said to be yet in its infancy. With the view of obtaining some information on this subject, the author has, during the last two years, carried on a series of experiments on animals with small doses of poison, slowly administered. Although he has already investigated the effects of several of the mineral poisons, his remarks were on this occasion limited to the subject of arsenical poison. Dr. Harley briefly related several of the experiments he had performed, some of which lasted but twenty-five minutes, while others had extended over a period of eighty days. In the first case, one grain of common arsenic was injected into the jugular vein of a cat: in three minutes convulsions commenced, and in the short space of twenty-five minutes the animal was dead. In the case referred to where the animal lived eighty days, the dose was gradually increased from a quarter of a grain to one grain; in all, forty-nine grains of the poison were taken; and at death the animal presented in a marked degree the effects of chronic poisoning. (The paper was illustrated with numerous water-colour drawings of the different post-mortem appearances observed in the various cases.)

It appears from these researches that the effects of arsenic on the digestive canal differ in the acute and chronic form of poisoning. So different, indeed, are the morbid changes presented in the two cases, that the effects of the one could never be adduced from those of the other. The more chronic the action of the poison, the more uniformly are its effects distributed over the digestive canal; whereas, in the acute form of poisoning, the effects of the toxic agent are more especially observed in the stomach.

The author also related some researches he had made regarding the direct action of the poison on the blood, and from which he had ascertained that arsenic has the power of retarding the metamorphosis of the constituents of that fluid, and thereby affecting the tissue-change. The conclusions drawn from the author's researches are—

1st. That arsenic has a specific action on the digestive canal.

2nd. That the action of arsenic on the digestive canal is manifested irrespectively of its mode of administration.

3rd. That the direct contact-action of arsenic with the mucous membrane is slight in comparison to the influence it exerts through the blood.

4th. That the symptoms manifested during life, as well as the morbid changes found after death, differ very materially in the acute and chronic forms of poisoning.

5th. That whereas in the acute form of poisoning the morbid changes are most marked at the cardiac end of the stomach, in the chronic form they are most visible towards the pyloric extremity.

6th. The more gradual the poisoning, the more manifest is the action of the poison on the intestines, and the less visible are its effects on the stomach.

7th. Death may occur from arsenic so rapidly that no apparent structural change has time to occur.

8th. That the immunity from symptoms of poisoning enjoyed by arsenic-eaters most probably arises from their taking the substance in a solid form, and consequently that but a very small portion of what is swallowed enters the circulation.

9th. That the beneficial effects of small doses of arsenic are due to the power it possesses of diminishing tissue-change by its peculiar action on the blood.

10th. That the prejudicial effects of arsenic, when taken in excess, are due to its destroying the property possessed by the constituents of the blood of combining with oxygen, and thereby becoming fitted for the purposes of nutrition.

Dr. MARCET said, if he understood rightly the author's meaning, his interesting paper showed that small doses of arsenic continued for a long time do produce poisonous effects. A question, however, was still open to discussion—namely, How are we to account for the reported innocuous and even protective effects, from the practice of arsenic-eating, which, it is stated, is carried on extensively in Styria? Indeed we are given to understand, that in Styrian arsenic works the workmen take arsenic with the view of escaping the poisonous effects of its fumes. In connexion with the subject of Dr. Harley's paper, he (Dr. Marcet) proceeded to offer a few remarks on the poisonous action of iodine. He (Dr. Marcet) reminded the Society of the recent discussion amongst the members of the Académie de Médecine of Paris, as to whether the long-continued administration of preparations of iodine was attended with poisonous effects. On this occasion the late lamented and distinguished physician, Dr. Rilliet, of Geneva, communicated an elaborate paper to the Academy, (which was subsequently enlarged, and published in the form of a small volume,) stating and giving proofs that iodine, even in very minute doses, may, after a time, produce morbid effe and he reports the remarkable circumstance of individuals residing in Geneva being affected with symptoms referable to no other cause than poisoning by iodine when on a visit to the sea-side, where the air contains minute quantities of iodine. Dr. Rilliet suggested as an explanation of this fact, that the Genevese, living in a country where the air contains no iodine, are peculiarly liable to be affected by it, whilst those who inhabit countries where the atmosphere is iodized, (such as the sea-coast or an island,) derive from this very circumstance an immunity against the deleterious action of this substance. He (Dr. Marcet) observed finally, that men and animals were not equally affected by poisons—a fact which it was important to bear in mind when experimenting with poisons on animals with the view of applying the results to mankind. For example, he had kept dogs in a cage or kennel

lined with sheet lead. These animals were invariably seized after a time (about ten days or a fortnight) with the epileptic form of poisoning by lead, and finally died from the poison, although the quantity of lead absorbed, as determined by chemical analysis, was but very small. On placing a layer of straw over the leaden floor of the kennel, the animals remained in perfect health. Again, it is well known that horses are much less liable to be affected by many poisonous substances than men, although horses are so delicate that Professor Bernard has never been able to establish a pancreatic fistula in these animals without the operation proving rapidly fatal.

Dr. HARLEY said, that in undertaking the experiments related in the paper, his object was not to prove nor to disprove any particular views, but to gain information on the subject of slow poisoning. The chief point to which he would advert was, that we could not hope to gain information on the subject of slow poisoning by investigating cases of acute poisoning. In reference to experiments on animals, the author said that he did not pretend that poison could produce exactly the same effect as in man. There was, however, probably greater similarity than was generally supposed. He thought that, as a rule, the mineral poisons acted on animals in the same way as on man.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 11TH, 1861.

MR. COULSON, PRESIDENT.

MR. I. B. BROWN related the history of a female patient, aged thirty-three, a widow, the mother of three children, on whom he had operated for a fibrous tumour in the walls of the uterus on the left side, by puncturing the capsule of the tumour, and leaving it partly to become disintegrated, and partly absorbed. In this case the operation was followed by the most urgent symptoms—severe pain, peritonitis, and the formation of a uterine hæmatocele. After the lapse of some time, fluctuation was detected on the right side of the abdomen, and he punctured the abdominal parietes through the linea semilunaris, and drew off a pint or more of very fetid blood-like fluid mixed with some pus. A similar discharge took place through the rectum by ulceration. The opening in the abdominal walls became fistulous, and a sanguineous and purulent discharge continued to pour from this aperture and from the rectum for about three months. The patient ultimately recovered, and is now quite well, and free of the fibrous tumour. Mr. Brown remarked that this was one of the rare instances of uterine hæmatocele which had terminated successfully.

The PRESIDENT inquired of Mr. Brown what were the anatomical boundaries of the blood in uterine hæmatocele?

Mr. BROWN said that some uterine vessel having been wounded, the blood had escaped into the peritoneal cavity, and had become extravasated, and occupied a space in the abdomen extending from the fundus of the uterus to the broad ligaments and ovaries.

Dr. GREENHALGH remarked that during an experience of twenty years he had observed several fibroid conditions of the uterus, and that a large number of such cases got well spontaneously. There is, however, a form of the disease where the tumour increases to a very considerable size, but he had never heard of one terminating fatally. He thought that in such cases it was a question whether an operation which was so fraught with danger to life was justifiable.

Mr. BROWN said he was sorry to hear Dr. Greenhalgh object to surgical treatment under the plea that sometimes these tumours got well when left alone. He (Mr. Brown) had hoped to see Dr. Greenhalgh take his position amongst those who advocated progressive medicine and surgery.

Mr. HAYNES WALTON then related a case of

CANCER OF THE MAMMA, WITH AN ULCERATED WOUND OF THE SKIN,

in a woman sixty-one years of age. There was no constitutional affection, and the neighbouring glands were not involved. He extirpated the breast, and the patient made a good recovery, and continued well for four years, when some of the glands became affected, and these, at her request, he also removed. He had quoted this case, as it was one of a class which a large number of surgeons would have refused to meddle with, on account of the strong prejudice which existed against surgical interference with malignant disease of the breast in which the skin was also ulcerated. The good results which followed proved the propriety of the operation in this patient.

Mr. BRYANT, after making some remarks advocating the performance of an operation in cases of scirrhus of the mamma, even when the skin was ulcerated, stated that the latest statistics went to show that operations for the removal of the disease tended to lengthen life, rather than, as it was said by an eminent authority some few years since, to shorten it.

Mr. HENRY LEE thought there were two conditions under which the skin became ulcerated in these malignant affections. In the first, the skin was infiltrated with cancerous matter, and so became a part of the disease; while in the second, the skin simply ulcerated from the pressure of the tumour beneath. He considered that if the patient suffered much inconvenience and pain from a malignant tumour of the breast, even though the skin was ulcerated, an operation was undoubtedly justifiable.

A further discussion on this subject ensued, in which Mr. Hird and Mr. Adams took part.

Dr. EDMUNDS exhibited a specimen of

ANEURISM OF THE ARCH OF THE AORTA,

taken from the body of a young man, aged thirty-five, who had died suddenly in the streets.

Mr. ADAMS drew the attention of the Society to some cases of

CHRONIC RHEUMATIC ARTHRITIS OCCURRING IN OLD PEOPLE,

which had lately come under his notice. The joint involved was generally the hip. He recognised two distinct forms of this affection. In the first, there was an excess of bony matter, the cartilage disappeared, and there was a distinct porcellaneous deposit. In the second, there was wasting and softening of the head and neck of the femur, accompanied with lameness and shortening of the limb, sometimes to the extent of two inches. It was this class to which he now specially referred. He quoted two cases which well illustrated this peculiar affection, and pointed out the difficulty of diagnosis. He advocated, in the treatment of such cases, moderate use of the limb, a liberal diet, with the phosphate of lime, and cod-liver oil.

Mr. CANTON agreed with all Mr. Adams had stated of this malady, and recognised the two classes which Mr. Adams had mentioned. In the second class of cases he had observed that there had usually been some injury, as a blow. In such instances there is a history of chronic rheumatic disease, and the injury acts as the exciting agent, determining the disease to that particular joint. In the form of the disease where there is an excess of bony deposit, several of the joints are generally involved; whereas in the other, where there is softening and wasting of the bone, no other articulation is affected.

The PRESIDENT remarked, that in such cases he had never found medicine afford much relief to the patient.

Dr. EDWARD SMITH quoted some interesting statistics of the

TEMPERATURE, PREDOMINANT WINDS, AND AMOUNT OF MOISTURE IN THE ATMOSPHERE AT SCARBOROUGH,

and advocated its great suitability as a place of residence for phthisical patients. He showed that the range of temperature was more equable, and the warm winds more predominant, there than in any other part of England.

Dr. ALTHAUS then related a case of

HYPERÆSTHESIA, ANÆSTHESIA, LOSS OF MUSCULAR POWER AND SENSE OF TOUCH,

occurring in a patient aged thirty years, caused by prolonged immersion in the sea after shipwreck. Although all these symptoms were very severe, a complete cure was brought about in a week's time by Faradization.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 6TH, 1861.

DR. TYLER SMITH, PRESIDENT.

ON PUERPERAL FEVER.

BY W. TILBURY FOX, M.D.

THIS paper was intended as an abstract of the history of puerperal fever as it occurred at the General Lying in Hospital from 1833 to 1858, both inclusive. It appeared from statistical evidence that 180 deaths occurred out of 5833 labours, giving the very high death-rate of 3·085 per cent. The author then proceeded to show that from the want of a clear understanding of the nature of puerperal fever, much had been mixed up

under the head of the latter which was foreign to the subject; that disease in the puerperic took on an abdominal aspect, and so offered deception; that the history of the childbed fever appeared to be a compound of acute specific diseases—local inflammatory conditions—diseases characterized by severe pain and excess of normal reaction; that after eliminating these, the major part of the cases forming true puerperal fever remained, which were explicable, according to the clinical history of the General Lying-in Hospital, by erysipelas; that in tracing the connexion between erysipelas and puerperal fever, the different epidemics formed links in the chain of gradation and identity; that all the symptoms of intense puerperal fever were produced in cases in which the most decided evidence of erysipelas alone existed, and therefore the assumption of a special peculiar disease *sui generis* (puerperal fever) was unnecessary; that in the case of primiparæ, lacerations to an appreciable extent being the rule, great facility of ingress and onset, so far as the poison of erysipelas is concerned, is their chief source of liability to attack, which latter appears statistically to be true; that with reference to puerperal pyæmia, it merely forms a feature alike common to all acute specific diseases (most especially, however, of erysipelas), being unaccounted for by the doctrine of phlebitis, of thrombosis, of a pyohæmia, and consisting of a general process of abscess, called into action as a special eliminant, when the ordinary agencies fail to expel a virus, and carried on by a relative process between the tissues (connective) and the blood-current, in which thrombosis is common; and lastly, that much of the mortality is preventable. The propositions were supported by cases.

Dr. TYLER SMITH said the subject of puerperal fever was the most important which could occupy the attention of the Society. The whole obstetric mortality of England and Wales exceeded 3000 annually. Of this number of deaths more than 1000 women, or nearly three daily, fell victims to puerperal fever; and it was the healthy and vigorous primipara whom it was most prone to attack. The obstetrist could put before him no nobler object than the diminution of this mortality. Unhappily, we could not look to treatment to accomplish this. Under various circumstances, and in different countries, every variety of treatment had been tried and found wanting. If not curable, it was however preventable. It was not, therefore, to treatment, but to prevention, that we must look for the means of dealing with it successfully. If epidemics of puerperal fever were less rife now than in former times,—and at present they rarely occurred, except from the crowding of women in lying-in hospitals,—it was because we lived under better sanitary conditions, and paid more special attention to preventive measures. We should surround every lying-in woman, as far as possible, with antiseptic precautions. Nothing, he believed, would tend more to diminish the frequency of puerperal fever than the full recognition of its infectious and contagious nature, in whatever way it first occurred. It would not so often happen if all accoucheurs recognised the fact that erysipelas, typhus, scarlatina, small-pox, hospital gangrene, putrid sore-throat, diphtheria, the post-mortem and other poisons were excessively prone, if brought near the lying-in woman, to originate puerperal disease. He did not question but that any of the agents which produced zymotic maladies might cause puerperal fever, or that it might arise in individual cases from the retention and putrefaction of portions of placenta or membrane or coagula, or the decomposition of fibrinous clots in the uterine vessels, especially in women who were predisposed by hæmorrhage, albuminuria, or other causes of debility; but contagion and infection, which might to a great extent be recognised and avoided, were its chief and most preventable sources. If all our means, in the way of prevention, were habitually brought into operation, he did not doubt that puerperal fever, instead of being the highest, might become a very moderate cause of obstetric mortality.

Dr. TANNER remarked, that the brief abstract which had been read of Dr. Tilbury Fox's paper could only give a slight idea of the value of this elaborate communication. He thought that the author had made out a case which was deserving of very careful consideration. Although the treatment of puerperal fever was surrounded by difficulties, yet it was clear that, if there were any truth in Dr. Fox's views, the usual routine plan of bleeding, leeching, and the administration of mercury must be abandoned. Dr. Tanner thought, from his experience, that we effected more good in this fearful disease by carefully treating it rather than by attempting to cure it. In other words, our plan should be somewhat similar to that now adopted in cases of fever, in which the object of the practitioner is more to guide the patient through the disorder than to attempt to cut it short by violent measures.

Dr. GRAILY HEWITT regretted that time would only admit of his making one practical observation on the important subject before the Society. With the remarks of the President as to the great necessity for paying attention to all measures calculated to prevent the occurrence of puerperal fever all must agree. The point to which he wished to direct attention was connected with the same part of the subject, the prophylaxis. It was remarkable in the recorded accounts of puerperal fever how very frequently the disease was observed in cases where copious hæmorrhages during or after delivery had occurred. The connexion between the hæmorrhages and the puerperal fever was to be found, he believed, in the loose, relaxed condition of the uterus present in cases of hæmorrhage, a condition which was extremely favourable to the absorption of morbid matters from without, supposing such to be present. In cases of post-partum hæmorrhage, the uterus often remained imperfectly contracted for some time after labour, and such cases were those which experience had shown to be especially liable to the disease under consideration. The practical conclusion was, that great attention should be bestowed on the condition of the uterus, and every means taken to ensure closure of the vessels by producing perfect contraction of the organ.

Dr. CHOWNE said he was bold enough to confess that he did not know what puerperal fever really was, and he thought the profession was uninformed at present of the exact nature of this disorder. There are vast materials for the elucidation of this fearful malady, but they must be investigated and sifted by careful hands. He thought that a committee of the Obstetrical Society could hardly be better occupied than in attempting to investigate this dreadful disorder.

Dr. TILBURY FOX having briefly replied, the meeting adjourned.

Reviews and Notices of Books.

Adulterations Detected; or, Plain Instructions for the Discovery of Frauds in Food and Medicine. By ARTHUR HILL HASSALL, M.D. Second Edition. pp. 712. London: Longmans.

ANOTHER edition of this work has recently appeared; and, we doubt not, it will be warmly welcomed by all who take an interest in the great question of adulteration—we say great question, because it is one affecting the comfort, the health, and even the lives of the community generally, and one, therefore, which interests very individual in society. It is a great question also because it does not affect individuals only, but through them the national physique and the national commercial character; it has a practical bearing upon the revenue returns, and a great influence upon the morality—commercial or otherwise—of the country.

But if it affects individuals generally, it more particularly concerns the members of the medical profession—of that profession which, with praiseworthy unselfishness, is ever first to urge the adoption of any measure calculated to secure the sanitary advancement either of individuals or of communities. How much has already been done for the public health by pointing out and providing against the evils of overcrowding, imperfect ventilation, inadequate water supply, defective drainage, and sedentary occupations, is well known. These changes for the better in our social system have been mainly effected through the medical profession; and none know so well as its members how important it is that the food with which the material for the body's growth is supplied, the strength is sustained, and exhausted nature is recruited, should be of a nutritious and wholesome character. The question of pure food does not yield in importance and practical interest to any that has occupied the attention of those who are anxious to secure the largest possible share of public health; and we consider that the public at large are greatly indebted to Dr. Hassall for his arduous, persevering, and highly-successful labours in connexion with this subject, and the profession not less so in having such a volume as "Adulterations Detected" placed at their disposal for their information and guidance. Dr. Hassall has worked at his subject for some years. As far back as 1850 he read a paper before the Botanical Society of London "On the Adulte-

ration of Coffee," principally in reference to its detection with the microscope, which, he showed, enabled the observer to distinguish coffee from substances admixed with it in consequence of the differences of organic structure. Dr. Hassall was the first to wield this powerful instrument with practical success in the detection of adulteration: what chemistry alone had failed to accomplish, he achieved by summoning to his aid the assistance of the microscope. When the Adulteration Bill was in committee the opinion of three distinguished chemists was quoted, to the effect that "neither by chemistry nor by any other means could the admixture of chicory with coffee be detected." The incorrectness of this opinion is now well known.

We believe that of the two means of detection, chemistry and the microscope, the latter is applicable in the majority of instances. This is particularly the case where the matters to be sought are organic, in which event *forms*, and not reactions, are to be looked to. A dotted duct, a woody fibre, a spiral vessel, a peculiarly shaped cell, a particular species of starch-granule, or a hair, can be *seen* by means of the microscope, whereas chemistry gives us no such definite information respecting them. In the work before us all the more common articles of diet are brought under notice, some of which have not been before treated of in works on Adulteration; their natural characters and properties are described, their adulterations pointed out, and the means, chemical and microscopical, of their detection explained. At the beginning of the book a copy of the new Act for Preventing the Adulteration of Articles of Food or Drink is introduced, which will be found useful for reference. In the Introduction some very excellent information of a general character is to be found, pointing out in an interesting manner the financial, sanitary, and moral aspects of the question. The definition of adulteration is one which, if acted on in our law courts, would lead to less ridiculous decisions than have been given on one or two occasions; it is as follows: "It consists in the intentional addition to an article, for purposes of gain or deception, of any substance or substances the presence of which is not acknowledged in the name under which the article is sold." The advantage of this definition consists in its including only those cases of falsification which are intentional, and having no reference to natural impurities or accidental contaminations.

The second part of the work is one which especially commends itself to the notice of the medical practitioner, being devoted entirely to the subject of Drugs and their Adulterations. Amongst other deficiencies of the Adulteration Act is the omission of any provision for the purity of drugs. If it be desirable to take measures to prevent persons being made ill by impure food, surely it is not less important to insist on the purity of those agents which the medical man employs for the restoration of health. Dr. Hassall, seeing the vast importance of this subject, has devoted one part of his work to the consideration of certain of the more important drugs, including opium, ipecacuanha, jalap, scammony, colocynth, &c.

The volume is admirably illustrated with no less than 225 engravings, the majority of them beautiful and faithful microscopic drawings, reflecting equal credit on the draughtsman and the engraver. We regard the whole getting-up of the work as admirable, full of useful matter, original research, and accurate illustration. It is a book to be read, or studied, or referred to on occasion. It should be perused by everyone who is desirous of knowing what he eats and what he should eat; and is indispensable to the library of the medical man who wishes to keep himself *au courant* with the progress of sanitary, as an integral portion of general medical, science; and as such we heartily commend it to the profession.

The Transactions of the Ethnological Society of London. Vol. I. New Series. Fcap. 8vo. pp. 378. Murray.

THIS volume is a record of the papers read before the Ethnological Society, and contains a vast amount of information regarding the various races of man. The contributions, as may be anticipated, are of different degrees of merit, some of them scarcely worthy of being placed with the others. Altogether, however, the volume is creditable to the Society. Three of the articles especially call for notice at our hands. These are—"Some Observations on the Tegumentary Races of Man;" "On the Physiological and Psychological Evidence in support of the Unity of the Human Species," by Robert Dunn, F.R.C.S.; and "Observations on the Systematic Mode of Craniometry," by George Busk, F.R.S., F.L.S., &c.

The first two of these papers are contributed by a gentleman in extensive general practice; on this ground alone they are noteworthy, as evidence that amongst the most hard-worked members of our profession gentlemen are to be found not only willing but able to devote their small portion of leisure time to subjects of deep and absorbing interest in the natural history of their species. It is remarkable that Mr. Dunn should have made so prominent a position amongst the members of the Society, considering the constant calls upon his time which the pursuit of his profession necessarily entails upon him. His articles are learned and philosophical, and justly reflect the greatest credit upon him. They will well repay a careful and attentive study. If they fail to convince the sceptic, they at all events place the questions at issue clearly before the reader.

Mr. Busk's "Observations" are, as might be expected from a naturalist so accomplished and sagacious, of the highest practical value.

Elements of Experimental and Natural Philosophy. By JABEZ HOGG, F.L.S., M.R.C.S. Illustrated with 400 Woodcuts. Second Edition. Fcap. 8vo. pp. 560. Bohn.

THIS edition has been altered in form and carefully revised; much new matter has been introduced, so as to include the knowledge and discoveries of the day. As ten thousand copies of the first edition were sold, it is unnecessary for us to state that the work has been appreciated by the public.

The Alps, or Sketches of Life and Nature in the Mountains. By H. BERLEPSCH. Translated by the Rev. LESLIE STEPHEN, M.A., Fellow and Tutor of Trinity Hall, Cambridge. With 17 Plates, from Designs by Emil. Rittmeyer. Fcap. 8vo. pp. 407. Longmans.

AT a time when there are so many Alpine travellers, the publication of this work must be deemed opportune. As a general handbook for travellers in that region, it possesses considerable merit, with some obvious shortcomings. It will no doubt be popular, particularly as it is profusely illustrated.

Forest Creatures. By CHARLES BONER. Fcap. 8vo. pp. 245. Longmans.

WITHOUT any pretensions to a scientific production, the sketches of animals contained in this work are exceedingly interesting. It is illustrated with several graphic delineations, and will be found well worthy of the attention of naturalists.

Letts's Diary and *Medical Diary.*

THESE publications sustain their well-earned character for usefulness. With a view of cementing the good understanding which now prevails between the French nation and ourselves, French dates are printed side by side with the English in every edition throughout the publication.

NEW INVENTION: THE PATENT SYPHON-TAP CORK-SCREW.—A very pretty and useful invention, and likely to be found of great value in the sick room. The parched and fevered patient need now have no more flat, unpalatable drinks. By screwing this little incorrodible syphon-tap into the cork of a bottle of champagne, soda-water, lemonade, mineral waters, or other aërated beverages, he will possess the means of drawing off the contents at pleasure, while the grateful briskness of the fluid is preserved to the last drop. It is manufactured by Mr. Morton, of Cheapside.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 23, 1861.

IN what form, in what vehicle, and by what channel is typhoid fever propagated? The fever patient labours as manifestly under the influence of an active poison circulating in his blood as does the man who has taken an over-dose of opium or of arsenic. We cannot, indeed, by chemical or microscopical analysis, isolate, examine, and identify the fever poison as we can opium or arsenic. Yet we know pretty exactly the conditions under which the fever poison may be generated; and the suicidist who might prefer this to the other deadly agents might with almost equal certainty succeed in taking a fatal dose. He has but to build or take a dwelling unprovided with sewerage or other means of preventing the fermentation of the animal excreta which will quickly accumulate around him; he will take care to preserve every facility for the diffusion of the gases of this fermentation throughout his apartments; he will at the same time select for his dormitory a small, low-roofed apartment, without a chimney, with very small windows facing to one aspect only, and with no possibility of getting scoured by a thorough draft. If, with all these arrangements, he draws his drinking water from a shallow well in close proximity to his cesspool, he will have done all that endless experiments upon various individuals and sections of the population in town and country prove to be necessary for the production of a crop of fever. The development of mushrooms upon a dung-heap properly spawned is not more certain. The converse of the experiment is not less instructive. To arrest fever we have simply to remove the conditions enumerated. Facts positive and negative of this kind are now so numerous, and so well established by the systematic observation of our medical officers of health and other practitioners, that the general conclusion as to the intimate etiological association between organic fermentation and fever seems placed beyond dispute by all except very determined theorists. For many practical sanitary purposes the knowledge here acquired is sufficient. Fever is found in association with sewage or other forms of organic refuse under circumstances favourable to decomposition. Attack and remove or destroy this organic refuse, and the fever disappears. It remains, indeed, a question of deep philosophical interest, worthy of close research and earnest speculation, whether the fever poison be introduced into the human system from without, inhaled as an aërial poison with our breath, imbibed into the alimentary canal in suspension in the water we drink; or, again, whether it be generated by some zymotic or catalytic action in the system itself. Upon these theories an immense amount of exquisite medical sagacity and acute reasoning has been expended. One seeming fallacy runs through the arguments of the opposing doctrinarians. Each is absolute in the assertion of the exclusive theory he advocates. Yet one thing is not necessarily exclusive of the other. Unless we set out with a more definite notion of the form, shape, composition, and other physical properties of the fever poison than anyone has hitherto demonstrated to himself or to others, there is no incompatibility in the two propositions that the fever poison may be inhaled with the air, and may be imbibed with the liquids we drink. The late Dr. SNOW succeeded in establishing a close relation between water contaminated by the excreta of cholera patients and the propagation of cholera. He did not prove that cholera could not be propagated in any other way. So, again, Dr. BUDD, of Clifton, in a series of very valuable papers in this journal, made out a very strong case in support of the proposition that fever was propagated in a similar manner by the ingestion of water carrying the excrementitious matter of fever patients. But we cannot yet, not having caught sight of the fever molecule or germ, declare that these theories are absolutely and exclusively true. The hospital surgeon knows, for example, that hospital gangrene and erysipelas can be propagated by direct contagion, or by the convection of the morbid poison from one patient to another by means of a sponge. The obstetrician knows that puerperal fever may be communicated from one patient to another by direct inoculation, the charged fingers or clothes of the accoucheur being the medium of infection. He also knows that fever may be generated in a lying-in woman by the absorption of her own foul secretions, or by the absorption of cadaveric matter which is only perceptible by the smell on the fingers of the anatomical student. Puerperal fever is not, indeed, cholera, nor is it, as far as we know, typhoid fever. Yet the alliance of puerperal fever with other forms of fever presumed to be different, is at times strikingly manifest. The non-pregnant nurse, or the new-born infant will take erysipelas from the puerperal-fever patient. The form of the fever developed depends, then, sometimes upon the condition of the patient. Here are a few considerations amongst many others that suggest caution in accepting well-rounded and exclusive theories. The doctrine most convenient for the sanitary reformer is more liberal and comprehensive. He will refuse to entertain the mysterious fatalist notions that cholera, fever, and other epidemics are of telluric or meteoric origin. These would paralyse all action. He will refuse his assent to a doctrine which traces to an aqueous vehicle all epidemic poisons. He knows the imperative necessity for keeping pure the air as well as the water. He wants, what experience has amply proved to be necessary, a reasonable control over all the surroundings—if we may so translate our neighbours' word, "*entourage*"—of the citizen. The soil must be clean, the water must be pure, the air must be free. Solid food as well as drink must be good in quality, and varied in kind. The preservation of these conditions demands a wide acquaintance with physics and with medicine, attention to a vast number of administrative details, and the constant application of sanitary remedies. But there is one fundamental work which cannot be long disregarded with impunity by any community of human beings, large or small, whether settling in houses or encamping under canvas. The purity of the water and the purity of the air depend in a large measure upon the purity of the soil. Hence the recognised necessity for drainage. For a short time all may go on apparently well; but sooner or later the penalty for not getting rid of the sewage will surely be demanded. This truth, formulized in the shape of a Parliamentary Statute by metropolitans, has still to be learned or appreciated by countless sections of the community in the provinces. Brighton imperfectly believes in it. Winchester must doubt it. Many a town council and village proprietor ridicule it as a newfangled piece of nonsense. People are yet found who literally wallow like unclean animals in their own filth, and

protest it is wholesome. They foul their water sources, drink with gusto the sparkling fluid from the well polluted by their excretions, and vow there is no water to compare with it. They complacently suffer their sewage to trickle into open ditches, or recklessly discharge it into the running streams to destroy the fish, and to spread stench and disease for miles beyond. And having thus dissipated, in raising fever, that which might have fertilized our fields, they survey the seas, from China to Peru, in search of guano. By these means children are cut off by thousands; adolescents grow up with the seeds of debility and disease; adults are struck down in their prime; the sum of human life is shortened; the productive and protective powers of the country are diminished. When will the sanitary administration of London be extended throughout the kingdom? Knowledge and the will to act are more deficient than the power. The Nuisances Removal Act, the Health of Towns Act, and the power conferred upon guardians to constitute their medical officers Officers of Health, might be of signal efficacy. Yet in too many places they lie forgotten or dormant.

IN continuation of the remarks made by us in our last number relative to some objections current against compulsory vaccination, we may observe how little is the amount of reflection necessary to enable us to give a satisfactory answer to the question—viz., "How is it, if vaccination be a protection "against small-pox, that a number of persons die every year *of* "that disease, after having been vaccinated?"

In the first place, it is necessary to remember how small this number is compared with that which represents those who die from small-pox and have not been vaccinated. To endeavour to avail oneself of coming under this low rate of mortality, and of having the disease in a mild form if we do take it, and hence escape the disfigurements and blindness common to the severe form, are the reasons for the practice of vaccination. In the second place, it must be borne in mind that the having had small-pox itself does not *necessarily* ensure the person who has had it from having another attack, and even from dying from the malady. If it be replied that the actual numbers given in various statistical and tabular reports show a much larger amount of deaths after vaccination than can be accounted for as we have before stated, this answer may honestly be given—viz., in a large number of the persons who were stated to have been vaccinated the operation was imperfectly performed, or done under such circumstances as to render the vaccination unprotective. To have the operation of vaccination performed successfully, and to go through vaccinia in a protective form, are two very different things. The *operation* may have been successful as far as it went, but it had not the opportunity afforded it to go far enough to be protective. In other words, it was performed too late to permit of it. Vaccination must have time to act, for it has laws of its own as have other things in nature. Mr. MARSON puts this in so very clear a light that we are surprised Mr. GIBBS still refuses to see the matter correctly.

"Many of the registrars are not medical men, and know nothing of the points to be observed in registering such deaths. They would enter the deaths as having occurred after vaccination, although the vaccination had not been performed above four or five days. Nothing is more common than for persons to put off the vaccination of their children until small-pox is in their house or next door, and then to go and have them vaccinated. ..... Unless vaccination has been performed ten or eleven days before illness from small-pox it has no effect in controlling the attack of small-pox; to have effect, it must have got on to the stage of areola before small-pox illness commences. Small-pox illness commences between the eleventh and twelfth days after inhaling the disease. The areola from vaccination is not fully developed until the ninth or tenth day after vaccination. Now here is a degree of nicety that will never be observed by the non-medical registrar, if even by him; so that when small-pox shows itself within a fortnight after vaccination, the person should be considered as unvaccinated."*

Mr. GIBBS, however, is not satisfied, so his correspondent modestly replies—

"I fear I did not make my statement clear about the time necessary for vaccination to exert its protective influence. I will try again. Small-pox appears generally, if not invariably, in the unvaccinated on the fourteenth day after being taken. On the twelfth day illness commences, which continues for forty-eight hours, and then the eruption begins to appear. Now vaccination, to be protective, must have got on to the stage of areola before illness from small-pox commences,—i. e., the areola should be well formed. The areola will be well formed, when the vaccination runs its regular course, on the tenth or eleventh day; but occasionally the course of vaccination is retarded from illness or peculiarity of constitution."

But the voice of dissatisfaction still cries so loudly from Haughton-le-Skerne, that Mr. MARSON cannot help replying—

"I have taken more trouble to make you understand the subject than with any individual before.....A person *is* protected at the end of a month after vaccination—he *is* protected at the end of a fortnight if he has no illness then from small-pox.....As to the time that ought to have elapsed after vaccination in a person dying of small-pox before the death is considered as fairly after vaccination, there need not be any great difficulty about it. We have settled that when vaccination has gone on properly, and there is no illness from small-pox, vaccination is protective at the end of a fortnight, perhaps a day or two sooner; but if small-pox eruption begins to show itself at the tenth or eleventh day, it is not protective. Now, then, small-pox destroys life generally on the eleventh, twelfth, or thirteenth day; some live a few days longer, but that is the usual time of death after it shows itself; thus thirteen days added to the fortnight necessary for protection bring the time to nearly a month."

For the moment Mr. GIBBS' mental perceptions are slightly illuminated. He admits that Mr. MARSON'S explanations give "a show of reason" for the Registrar-General's instructions during the month, though he still thinks them calculated to produce a false result; "for the local Registrar," says he, "would naturally reckon the month from the time of the com- "pletion of the vaccination, or at least from the date of the 'suc- "cessful' certificate." But this is not all. Mr. GIBBS believes the operation itself to "affect injuriously the whole of after-life." This he states as "a sorrowful and but too well-known fact, against which it is useless to oppose a simple denial." As the point in question embraces some other arguments prominently insisted upon by the general opponents of vaccination, we shall refer to this subject once more. The matter is too important and interesting to be slightly treated.

* A Brief Statistical Answer, &c., *ut supra*, p. 13.

MUNIFICENT GIFT. — Mrs. Paturle, widow of Mr. Paturle, formerly factory owner and member of the Chamber of Deputies in France, has just founded in the town of Cateda an hospital, completely fitted for the reception of twenty-four patients.

Medical Annotations.

"Ne quid nimis."

PHYSICIANS' PENMANSHIP.

THE connexion between medicine and the mystical arts was firmly enough believed in during all the middle ages. Even some of our latest almanacks set down the various astrological aspects and the signs and parts of the body under their respective government. That page was wont to be regarded with profound belief which displayed the "anatomy of man's body, as the parts thereof are governed by the twelve constellations, or rather by the moon as she passeth by them." Southey remarked that in those representations man, indeed, was not more uglily than fearfully made, as he stood erect and naked, spiculated by emitted influences from the said signs, like another St. Sebastian, or as he sat upon the globe while they radiated their shafts of disease and pain. The astrological symbol with which all physicians still head their prescriptions yet recalls that time when Fabian Withers could write: "So far are they distant from the true knowledge of physic which are ignorant of astrology, that they ought not rightly to be called physicians, but deceivers." Between alchemical and astrological physicians, who invoked the stars and powdered the philosopher's stone, the forms of medicine were involved in mysterious and horisanant terms. We do not now seek to exact implicit faith by "ringing the changes on Almugia, Cazimi, Hylech, Aphetes, Anacretes, and Alchocodon," nor by any affectation of mystery or secrecy. There are, indeed, many who believe that patients are none the better for reading and understanding their prescriptions, and that the old lady who declares she would be poisoned by a grain of calomel, but takes with avowed benefit a pill containing a certain quantity of hyd. chlorid., or whose numerous ailments are alleviated by a pil. micæ panis or rose-water draught, is beneficially preserved from the ill-effects of her prejudices or her fancies by the inability to decipher her prescription. But however this may be, the mystery should not extend beyond the patient to the chemist. There should be a very clear understanding between physicians and dispensers; hence, when the latter complain that they have often the greatest difficulty in deciphering the hieroglyphics which are intended to guide them in preparing medicines ordered, that complaint deserves serious attention. It is needless to insist upon the evils of this imperfect understanding. They are very apparent. The statement has been made before; and since it is again urgently repeated, it must be concluded that there are many prescribers who habitually adopt an obscure and illegible hand in writing their formulæ. The time has gone by when kings and princes neglected their caligraphy, and when to write badly was an indication of learning or fashion, mainly because those who possessed neither quality could not write at all. To attempt to preserve this tradition is to interpret history badly, and to sacrifice to that interpretation a very clear duty. The opinion that such caligraphic obscurity as is complained of is the deliberate consequence of a foolish conviction, may be dismissed; it is more charitable and more just to assign it to hurry and want of care. Physicians cannot all be exquisite penmen; but perfect clearness and accuracy may always be obtained at the cost of a little care, and no less can be expected where the opposite qualities may be so dangerous.

GOVERNORS AT FAULT.

THE governors of the Leicester Infirmary met last week to perform a work which should be considered as one of the most important and honourable of their duties. They had lost the two honorary surgeons to their hospital: the one, Mr. Macaulay, by death; the other, Mr. Paget, by resignation after thirty-three years' service, during which he had ungrudgingly devoted his time and his great and widely-known talents to the ailments of their poor patients. Certainly the first duty of men assembled to fill the vacancies thus occasioned is to record as permanently as may be the merits of those who have given long years of service to the sick, and to whose skill and devotion all else in the organization of the hospital was purely adjuvant. It is almost incredible that in this assembly of nobles and gentlemen no one was found to propose even the meagre vote of thanks which might officially record the deserts which of themselves speak so loud. It is true that the reward of such labours is in their fruit, and in the consciousness of their fulfilment. But however insensible to plaudits, no man can see himself passed over on an occasion when his services deserve recognition without feeling something of the sting of neglect. Those who would proclaim the emptiness of popular rewards are not, perhaps, so incapable of receiving pleasure from them as they suppose. "Ceux qui écrivent contre la gloire," wrote Pascal, "veulent avoir la gloire d'avoir bien écrit; et ceux qui le lisent veulent avoir la gloire de l'avoir lu; et moi qui écris ceci, j'ai peut-être cette envie, et peut-être ceux qui le lisent, l'auront aussi." Whatever may be the feelings of Mr. Paget and of the bereaved relatives of Mr. Macaulay, at least the medical profession must feel indignant that any board of governors could omit this poorest recognition of inestimable services.

This slight was followed by an election which has been severely criticized. There were two candidates of considerable standing and strong claims, one being the son of Mr. Paget. Both these gentlemen were, however, passed over, for one whose principal claim is stated to be, that he took a very active part in electioneering, and aided materially in securing the triumph, at the late election, of the Tory party, who mustered in great strength on this occasion to return the favour by making him surgeon to the Infirmary. The broad statement of these facts in the local journals points anew the moral, that the election of medical officers to hospitals should not be by open canvass amongst the governors, but that the power of election should be deputed to a carefully selected committee, including competent medical men, who would not be thus influenced by extraneous considerations. As it is, hospital elections are too commonly carried by personal influence, wide connexions, or a long purse; and talent or personal fitness then becomes only a secondary matter.

CAMBRIDGE MEDICAL EDUCATION.

THE Council of the Senate have reported to the latter that they have under consideration that portion of the report of the Board of Medical Studies, dated March 7th, 1861, which refers to the following resolution of the General Medical Council:—"That all students pass an examination in general education before they commence their professional studies." On this the Board has remarked as follows:—"The Board would observe on the effect which the requirement that 'an examination in general education should be passed previously to beginning medical study' will have upon students intending to commence their professional curriculum in the University. By recent grace of the Senate, no medical study can be counted as such during the first three terms of residence by those intending to graduate in medicine; and by grace of the Senate, as well as by the regulations of the Medical Council, four years of medical study are required. This postponement of available medical study will, by the resolution of the Medical Council, be further extended till after passing the previous examination, unless the student should have passed some other examination in subjects of general education to be recognised by the Medical Council. The Board conceives that it is a matter for consideration whether some provision might not be made which would prevent this regulation from operating with undue pressure on the medical students of the University. It appears to the

Council of the Senate that the relief which is desired for medical students may be obtained by allowing them to present themselves at the previous examination in the Michaelmas term of their second academical year. It further appears to the Council that it will be desirable to extend this permission to all students who shall have kept two terms at the least, provided that they be required at the same examination to satisfy the examiners in the additional subjects, as well as in those of the previous general examination." This report is signed by L. Neville, V.C., W. Whewell, W. H. Bateson, G. E. Currie, E. Harold Browne, G. G. Stokes, J. C. Adams, W. G. Clark, G. A. Paget, John Fuller, W. M. Campion, Henry Latham, Mignon Bright, and J. B. Lightfoot.

MISS NIGHTINGALE'S LETTER.

IN those classic records of historic times and of heroic deeds which form the best of what remains of ancient literature, there is no allusion, amid the many stories of contending armies, to the work of tending the sick and wounded, which even then fell to the lot of women. In later times those who undertook the duty were bound by religious vows to disclaim earthly honour; and we can understand why Froissart and Monstrelet should make slight mention of them and of their works. But the nursing of the wounded could have been no slight task amongst those grim old Greeks who followed every hack with cuts like a modern horse-chaunter; and yet even amid the myriads of shades of heroines mentioned in that magnificent tale of the Necyomanteia, which occupies the eleventh book of the Odyssey, Ulysses alludes to none such as we now delight to honour and esteem as real womanly heroines in the noblest meaning of the word.

In truth, we believe that, each in her appointed work, there are now more good women devoting themselves, without any morbid sentimentality, to doing good in an earnest, practical, fearless way than ever so employed their time since the world began; and of these, one name there especially is which will assuredly be found in the pages of the history of our times when they come to be written—the name of one who has worn out health and strength in doing good service to her country. We refer, of course, to Miss Nightingale, from whom a very touching private letter, which tells how precarious is her present state of health, has recently found its way into the public papers. Its publication has no direct authorization; and although we must note with poignant regret the information it conveys, that there is no hope of eventual restoration to health, yet we feel called upon to enter a strong protest against the vulgar impertinence, now too frequent, which consigns to public prints, and to the tender mercies of critics hired to snarl, private letters written from a bed of sickness, without any direct sanction being obtained to their publication.

THE DRAINAGE OF WINCHESTER.

THE rapid advances in health of every town which has clothed itself with the power of the Local Government Act, and carried out an effectual system of drainage, have been frequently illustrated by the letters and returns of Dr. Farr to the Registrar-General. No other arguments are now needed to enforce the accomplishment of such works than those which show that the health of the inhabitants of any town is below the average of healthy districts, and that nuisances or deficiencies exist which engineering works can remove. We gather from correspondence addressed to us, and from the statements of local journals, that in Winchester, where the unfavourable state of public health is demonstrable, an unwarrantable persistence is displayed by the existing local authorities in refusing to initiate measures for abolishing the prevalent and most hurtful nuisance of hoarding filth in cesspools, and for providing a complete system of thorough drainage. The medical influence of the practitioners of the city is of course exerted with energy in favour of the cause of sanitation; but at the present time there is a dead-lock, and the Town Council have refused to take measures which would give them the power of draining the city. This is the more to be regretted, because unusual facilities exist for this purpose. Large water-works have been erected, and are carried on at a profit in the city, so that there is no difficulty about a good supply of water; and the great ecclesiastical corporations of the city, and the Barrack and County Hospital committees, are all willing to give efficient support to the plan. It may be hoped that the Council, conscious of a wider extent of public observation than they might desire, will not attract general censure by obstinate adherence to bad old ways.

HERBERT MEMORIAL HOSPITAL.

HIS Royal Highness the Duke of Cambridge has intimated his intention of presiding at a public meeting, to be held at Willis's Rooms on Thursday, the 28th inst., at one o'clock, for the purpose of taking such steps as may be necessary for a fitting memorial to the late lamented Lord Herbert. A committee, which includes the most influential persons in the kingdom, is forming to carry out the object; and it is gratifying to find that noblemen and gentlemen of all shades of parties have expressed their desire to co-operate, and that his Royal Highness, who has so laudably taken the initiative in this movement, will be most ably supported in paying tribute to the departed statesman. Viscount Palmerston, the Earl of Derby, Earl Russell, the Earl of Malmesbury, the Bishop of London, the Duke of Buccleuch, the Earl of Carlisle, Lord Clyde, Lord Brougham, Lord Gough, Lord Overstone, the Speaker of the House of Commons, the Lord Mayor, General Peel, Mr. Alderman Salomons, M.P., and Mr. W. G. Prescott, have, amongst others, expressed their intention to be present or to share in the labours of the committee.

FACES DEFACED.

HELEN grown old, and contemplating herself in a mirror, was a favourite subject in the Greek anthropology, and one which the old sonneteers loved to borrow. Some of our modern Helens refuse to grow old. The story of a certain lady, recently bankrupt, whose revelations have been published in the journals, discloses the vain artifices and melancholy tricks which they employ to preserve the semblance of their former selves. This lady was an adept at the art of enamelling faces, and, by the tale she told, ladies with her aid sought to evade the moral which past portraits of their beauty might suggest by becoming themselves imperfect pictures of what they once were.

"Pingitur in tabulis formæ peritura venustas,
Vivat ut in tabulis quod perit in facie."

They seek to improve upon this maxim of Ovid, or to pervert it by becoming themselves the tablets on which their former lines and colours should be laid. This is the essence of that system of enamelling which is described. The moral which they thus seek to hide from themselves, they point but too surely for others; for the result of the process can hardly be less hateful to the view of strangers than hurtful to the health of its victims. The poisonous washes, powders, cosmetics, and pastes which Dr. Reveil recently showed to constitute the ornament of the French lady's toilet, are all less noxious than this unnatural sealing of the skin of all the face and neck. Those who resort to it are, however, probably beyond expostulation, as they are below compassion.

ASTHMA.—It would appear that a lady, a pupil at the Maternity of Paris, has just discovered a remedy for asthma. It consists in painting the chest with iodine pigment, and kneading the thorax in a peculiar manner. The remedy was tried in the Hospital of Tours, with the consent of the physicians, and found efficacious.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—Permit me space to inform the Poor-law medical officers that the scheme for the administration of medical relief which I laid before the Select Committee of the House of Commons was published on the 15th of this month in "Knight's Official Advertiser," and can be procured at the office, 90, Fleet-street (price 2*d.* unstamped), by those gentlemen who desire to see it. The "Official Advertiser" is, I believe, regularly sent to the clerk of each union. The guardians, therefore, are by this time fully conversant with the propositions of the Association. I have carefully gone through the six volumes of evidence published by the Select Committee, and find in several of them important remarks on the subject of medical relief, which it is very desirable to collate and lay before the Select Committee and other members of the House of Commons in the form of a pamphlet; but as the Association is entirely without funds, it cannot be done. This I deeply regret, as I believe our cause has never been in a more promising condition than at the present moment, and might by a little judicious management, be brought to a successful issue. I am happy to say that the Council of the British Medical Association have determined to prepare a memorial on the subject of Poor-law medical relief for presentation to the Select Committee of the House of Commons. This will, doubtless, be an important aid to our cause, and a means of assisting the Select Committee in forming a right opinion. I am, Sir, yours, &c.,

Royal-terrace, Weymouth, Nov. 1861. RICHARD GRIFFIN.

"A SYSTEM OF SURGERY."

To the Editor of THE LANCET.

SIR,—Purporting as this book does to give to the profession the best and latest information on surgery in all its branches,—each subject being entrusted, as I should imagine, to one better calculated than another to give it an able treatment,—I (and doubtless many others have done and will do the same) turned to its pages with the fullest assurance that I had only to seek and I should find.

Having a comparatively rare form of injury of the lower extremity—namely, rupture of the conjoined tendon of the extensor muscles of the leg, a third of an inch from the patella—under my care, never having seen the accident before, and not finding in my small circle of medical friends anyone who had, and there being but a passing mention made of it by Miller, and none in the "Vade Mecum," the only two works I was then able to refer to, I, as I have said before, thought I had only to go to the "System of Surgery" and there find all I wanted. To my great astonishment, rupture of this tendon, of the patella ligament, and of the Achilles tendon, do not receive the slightest notice from the author of the treatise on "Injuries of the Lower Extremity." Other deficiencies might be pointed out, but I forbear.

I may add that I treated the injury in the same way fracture of the patella is treated. Union has taken place, and my patient bids fair to have in time perfect use of the limb.

I remain, Sir, your obedient servant,

Stratford-on-Avon, Nov. 1861. JOHN J. NASON, M.B. Lond.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Your journal of the 9th instant contains a letter from a brother medical officer, which very accurately describes the feelings of disappointment and mortification at present existing amongst the medical officers of the Indian army, in consequence of the non-recognition of their claims, to which they are entitled by a Royal Warrant published in India so far back as January, 1860. This Warrant, after specifying that there should be only four grades in the medical department of the Indian army, declares that "the relative rank attached to each grade shall carry with it all the advantages and precedence connected with the rank with which it corresponds in the army," but of which advantages, I regret to assert, we have been cruelly, and I may add, *illegally* deprived up to this date; for the Warrant, although a gracious act on the part of her Majesty, is, nevertheless, one of the most legal documents to which her Majesty could have attached her signature, and which will be explained to Sir Charles Wood in the House of Commons at the commencement of the next Session, and by other members besides Mr. Bazley.

As an illustration of the *inequality* existing between the two Services, I will here mention that after eighteen years' service in India, I returned to this country on sick leave, and to my horror and dismay found my agents merely crediting me with a subaltern's allowance from the India Office, instead of captain's pay, to which I hold I am entitled; when at the same time, and in the same house in which I at present reside, I find a medical officer of the British army, also just returned from India on sick leave, and who entered the army some ten years after me, is receiving more than double my allowance. Surely, Sir, this is not the equality to which Sir Charles Wood twice alluded in the House of Commons in reply to Mr. Bazley's queries!

Another question put by Mr. Bazley, but omitted in the daily papers, was, "Why medical officers of the Indian army, who rank with captains, and receive only a subaltern's allowance, are expected to provide themselves with a return passage to India, when medical officers of the British army, drawing the proper pay of their rank, were furnished with a Government passage?" But to this, as to the other inquiries, the reply was, "The subject is under consideration."

As the Indian journals have been lately stating their belief that another Warrant would be shortly published in India, which would give a higher rate of retiring pensions to the seniors of the Service, and as several officers are "holding on" in consequence, I may here observe that they are likely to be disappointed, for on inquiring at the India Office last week, I was informed that no fresh Warrant had been dispatched to India; that the Governor-General had been merely called upon to furnish a report on the medical department, and nothing definite would be settled for some time.

With regard to amalgamation, I fear there will be nothing gained by that; for finding my subaltern's pay quite inadequate to meet my weekly expenditure, I solicited any kind of employment which would give me the same pay drawn by every medical officer of my standing in the British Service; but the reply was, "No opportunity for the employment of my services in this country." I mention this, as some medical officers, finding the climate of India too trying for their constitutions, fancy they will find employment at home by the amalgamation being effected. In addition to which, medical officers, who spend a quarter of a century in the tropics, with Asiatic cholera and Asiatic mutineers to contend with, surely deserve some higher rate of pay and pensions than those who spend a considerable portion of their time at home, or in our pleasant colonies.

Your correspondent, "Indicus," recommends Mr. Bazley to peruse the Bombay Medical Memorial. This he has already done, and being thoroughly aware of our grievances, will, I am sure, never cease to advocate our claims until he obtains redress.

I am, Sir, your obedient servant,

London, Nov. 1861. A MADRASSEE.

To the Editor of THE LANCET.

SIR,—Your correspondent, "Indicus," is sadly misinformed when he takes for granted that the medical officers of her Majesty's Regiments in India reap all the benefits of the Royal Warrant of 1858. So far from this being the case, our assistant-surgeons draw exactly the same amount of pay and allowances they did before the Warrant was published, thus gaining nothing by the recognition of the relative rank, the pay allowances attached to which are steadily denied them. *Ex gr.*, in England an assistant-surgeon draws the pay and allowances of a captain, provided he have six years' service. The same party goes to India with his regiment, and finds himself on the pay and allowances of a lieutenant, the justice of which is certainly not apparent to

Your obedient servant,

November, 1861. BRITANNICUS.

IDENTITY OF THE PARASITIC FUNGI.

To the Editor of THE LANCET.

SIR,—In the review of Dr. M'Call Anderson's "Parasitic Affections of the Skin," published in your journal of the 9th inst., p. 449, attention was very properly directed to the omission of any discussion upon the most important matter now

sub judice—namely, the identity of parasitic fungi, Dr. Lowe's observations being altogether passed by unnoticed.

Dr. Anderson's book belongs to the catalogue of compilations—not originalities; and I would call attention to the fact, that Bazin's view (that herpes cincinatus, herpes or tinea tonsurans, and sycosis, are but varieties of one affection—*vide* "Leçons sur les Affections Cutanées Parasitaires") has been adopted without acknowledgment.

Dr. Anderson, too, fails to touch the question—What is the real parasitic disease? Is it that of the hairs and epithelium, or an eruptive one? Nothing but a parasite can produce the changes which we meet with in the hairs of tinea; whereas any irritant may give rise to eruption.

Surely when such an authority as Mr. Berkeley accepts the doctrine of identity, it ought not to be disregarded by other writers.

I am, Sir, yours obediently,

WM. TILBURY FOX, M.D. Lond.

Kensington-gardens-square, Nov. 1861.

DUGONG OIL.

To the Editor of THE LANCET.

SIR,—Many members of my profession and others in the United Kingdom have been anxiously awaiting information from me relative to importation of the above oil. I am now in a position to state that a small case, the first exported from Ceylon, has arrived, and of decidedly superior quality to Australian dugong oil.

His Grace the Duke of Newcastle, Secretary of State for the Colonies, has afforded me assistance in prosecuting the fishing for the dugong at Ceylon, and my agent promises continuous and large quantities at a reasonable price. In the course of a few months I shall notify to the public, through proper agents, when and where the pure oil may be obtained and "relied on," as spurious specimens have already found their way here.

I will take a future opportunity of describing the dugong, the nature of the oil, and its efficacy; also the various localities of the world where the animal may be discovered in large numbers, and when "whalers" would profit by taking them. The oil is unmistakably superior to cod-liver oil in its results, being also comparatively tasteless and inodorous.

Being the first person to bring the dugong oil into notice and use in this country for consumptive cases, I shall feel it my duty to exhibit the same, with other valuable products of Ceylon, at the Exhibition of 1862.—I am, Sir, yours obediently,

J. M'GRIGOR CROFT, M.D.,

Late Her Majesty's Ceylon Rifles, and Staff Surgeon.

Mandarin Villa, St. John's-wood, Nov. 1861.

THE MEDICAL ASSISTANTS' BENEVOLENT ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Through the kindness of a friend in town, I have been supplied with a copy of the registered rules of the above Association; and allow me to say that I think these rules are eminently calculated to carry out the laudable objects for which the Association was originated. As one who has encountered and passed through not a few of the difficulties which beset medical assistants, I look upon the formation of this Society as a step in the right direction, and as a probable means of removing many of these difficulties, and of raising their self-respect and position in society. But it is evident that, if the Association is to succeed in a degree commensurate with the wants for the supply of which it was established, the basis for its operations should be as extended as practicable, so as to bear upon and draw into its membership a fair proportion of the assistants throughout the provinces. I think the experience of all mutual benefit societies will bear me out in the propriety of suggesting the speedy formation of local committees in most of the large towns, Manchester, Birmingham, Liverpool, Newcastle, &c., to co-operate with the executive council in London, and to generally further and promote the prosperity and stability of the Association.

I hope I have not occupied your space unprofitably in making this suggestion, or in calling upon my brother practitioners to encourage this Association, which must tend to their supply with sober, provident, and gentlemanly assistants; and wishing the infant Association may soon progress to lusty youth and vigorous manhood,

I remain, Sir, your obedient servant,

Newcastle-on-Tyne, Nov. 1861. A SURGEON.

THE SANITARY STATE OF WINCHESTER.

To the Editor of THE LANCET.

SIR,—"The Groans of Brighton" have reached us, and as certainly will the wails of Winchester be heard, unless effective action be taken, and at once, to remedy the evils which have now for some time been loudly complained of. I have forwarded you some local papers, which will make you acquainted with its defective sanitary arrangements. The district I believe naturally healthy, but certain soon to rank as one of our insalubrious localities through the ignorance and stolidity of its inhabitants, unless quickly roused to action. Report states that low fever, and other diseases dependent on poisoned blood, are rife in the place—so much so that a strong agitation is afloat favouring the necessity of pulling down and removing the hospital from its present low and populous site. If bad for the hospital, surely it cannot be otherwise than bad for the poor inhabitants.

Nothing but hard hitting and home thrusts seem to move people on the question of health. I am afraid that Winchester is but an ordinary specimen of a large proportion of our towns, which, as a rule, can only be induced to carry out correct principles when influenced by the alarm of some dire calamity.

I am, Sir, yours obediently,

Southampton, Nov. 1861. EDWIN HEARNE, M.B. Lond.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THE winter session of the Paris Faculty of Medicine opened on Friday last. The event, as was also the case last year, was inaugurated by an introductory discourse embodying an *éloge*—on this occasion that of M. Duméril, who for the space of fifty-nine years had occupied one or other of the professorial chairs in connexion with this school. M. Moquin-Tandon, on whom the office of panegyrist devolved, acquitted himself with skill and honour, contriving, without either suppression or exaggeration, to tell the truth and yet satisfy everybody. Few tasks are more difficult than such retrospects, in which the one essential condition is "*de mortuis nil nisi bonum.*" To shed the softening influence of a Claude Lorraine glass over a page of the Biographie des Contemporains, or to intone an "*in memoriam,*" exaggerating qualities, merits, and virtues, in a *crescendo* which culminates in apotheosis, are alternatives equally erroneous—the one falling beside, the other beyond, the mark of credibility. To give more than a bare outline of M. Moquin-Tandon's discourse would be to ask you for as many pages as you will allow me lines, so I will endeavour to furnish your readers with a reproduction of the smallest possible size.

André Marie Constance Duméril was born at Amiens on the 1st of January, 1774, his father being judge at the tribunal of that town. At a very early age he evinced a decided taste for the natural sciences, and more especially for botany and entomology. As the *res angusta domi*, however, did not permit the exclusive cultivation of either branch, he was sent to Rouen (and bound apprentice, no doubt), to a druggist of that town. His master being a somewhat scientific man, encouraged his pupil's desire for knowledge, procured him books, and otherwise facilitated his studies; so much so, indeed, that young Duméril presently carried off the botanical prize given by the Rouen Academy of Sciences. He subsequently studied anatomy under Laumonier in that town, and became "prévôt" of anatomy and house-surgeon at the local infirmary, obtaining considerable success, in spite of his extreme youth, by his method of demonstration. In 1795, he was nominated by his native district to a foundation scholarship (or something like it) in the Paris school of medicine, and consequently quitted home for the great capital. Here, after the lapse of a twelvemonth, he obtained the office of Prosector of Anatomy; and later still, the higher office—that of Demonstrator—falling vacant, Duméril offered himself as a candidate, and, in a contest in which he was successful, defeated no less a rival competitor than Dupuytren. His subsequent rise was rapid. After assisting Cuvier in the arrangement and publication of the first two volumes of his "Anatomie Comparée," he was named Professor of Anatomy and Physiology in the Faculty of Medicine, on this occasion again defeating his former opponent. In 1818, seventeen years afterwards, he was translated to the chair of

Internal Pathology, having in the meanwhile obtained a Professorship in the Faculty of Sciences—that of Zoology. Although M. Duméril practised his profession, and for forty years of his life scrupulously fulfilled the duties of hospital physician, his zeal for natural history never abated, and the museum at the Jardin des Plantes testifies to his activity by the fact that for a large portion of its valuable collection it is indebted to his exertions. His works were numerous and varied. Amongst the first was a Plan for a new Anatomical Nomenclature; then followed the Elements of the Natural Sciences, dedicated to Cuvier, and published under the auspices of the First Consul. Then came works on Zoology, Herpetology, Ichthyology, and finally the General History of Insects. His maiden treatise was written in 1792, his last was published in 1860. He was eighteen when he composed the former, and eighty-seven when he presented his great work—that on Insects—to the Institute. "May so fine an intellect," were the speaker's concluding words, "and so noble a heart, serve as models to the youth of our time; may they follow in the track already trodden by Duméril; may they imitate his disinterestedness, his modesty, and his kindness, and thus adorn one of the most useful of professions, and merit hereafter the same honour, the same praise, and the same regret."

The winter courses of lectures during the present session will be as follows at the Faculty of Medicine:—

Medical Physics: Prof. Gavarret, Mondays, Wednesdays, and Fridays, at 11 A.M.

Medical Pathology: Prof. Natalis Guillot, Mondays, Wednesdays, and Fridays, at 3 P.M.

Operations and Surgical Apparatus: Prof. Malgaigne, Mondays, Wednesdays, and Fridays, at 4 P.M.

Medical Chemistry: Prof. Wurtz, Tuesdays, Thursdays, and Saturdays, at 10½ A.M.

Anatomy: Prof. Jarjavay, Tuesdays, Thursdays, and Saturdays, at mid-day.

Pathology and General Therapeutics: Profs. Andral and Axenfeld (subst.), Tuesdays, Thursdays, and Saturdays, at 3 P.M.

Surgical Pathology: Prof. Denonvilliers, Tuesdays, Thursdays, and Saturdays, at 4 P.M.

Clinical Medicine: Profs. Bouillaud and Piorry, daily, at the Charité, after morning visit; Profs. Rostan and Trousseau, daily, at the Hôtel Dieu, after morning visit.

Clinical Surgery: Profs. Langier and Jobert, daily, at the Hôtel Dieu, after morning visit; Prof. Velpeau, daily, at the Charité, after morning visit.

Obstetrics: Profs. Nélaton and P. Dubois, daily, at the Hospital of the Faculty, after morning visit.

An incident which somewhat tends to corroborate an opinion advanced in a leader of your last issue relative to the radical defects of the sanitary condition of Paris occurred at the Academy of Medicine on Tuesday last. In the course of his report upon M. Lefort's paper on Hip-joint Resection, M. Gosselin incidentally mentioned that one of the causes which prevented the majority of the Parisian hospital surgeons from witnessing many cases of this disease was the fact that nearly all such examples were absorbed by the special hospitals,—meaning of course the Hôpital des Enfans Malades and the Ste. Eugénie. M. Davenne, the former chief of the general medical administration, fancying that herein lay a covert vote of censure upon the existing principles of organization, delivered an elaborate speech in justification of the present system. He was answered by M. Malgaigne, who, in terminating, reverted to another opinion expressed by M. Gosselin, to the effect that the defective sanitary condition of the Paris hospitals was one of the chief obstacles against which the surgeon had to contend. "The Paris hospitals," he remarked, "are the *most detestable* probably in all Europe. It is not astonishing, perhaps, that the old buildings should be unhealthy; the dates of their construction may explain many of their imperfections. But it is sad indeed to find the majority of these same defects perpetuated in the new hospitals. Why not have taken the advice of competent men on such a subject? Architects surely know nothing of hygienics. Why, in a question of public health, should not the opinion of a sanitary commission have been asked? In a question of medicine and surgery why not take the advice of physicians and surgeons?" "But," replied MM. Robinet and Davenne in a breath, "the administration did take the advice of (professional men) *hommes de l'art.*" "I do not know what art those gentlemen professed," retorted M. Malgaigne, "but it certainly was not the art of medicine."

By a decree of the 7th of September, M. Adelon, Professor Medical Jurisprudence in the Paris Faculty of Medicine, is raised to the grade of Commander of the Legion of Honour, and at the same time allowed to retire from active service. A vacancy is thus created, and the chair going a-begging.

M. Maisonneuve, in a paper to the Academy of Sciences, draws attention to an instrument, which he has recently devised, for facilitating the operation of tracheotomy, and which he proposes to name "tracheotome." "He was struck," he remarks, "by the difficulties which both himself and others had encountered in the performance of this operation," and thought that the process might be much simplified by the employment of an instrument which would cut from within outwards, instead of, as heretofore, from without inwards. His invention consists in an implement somewhat like a reaping-hook, the point of which is made to enter the crico-thyroid membrane, to penetrate into the trachea, and cut its way back through the tissues by emerging in a direction downwards and forwards.

I announced to you that a decree promulgated some time back regarding the planting of trees in the uncultivated districts of France, as a preventive of inundation, was being rigorously enforced. The downs on the Atlantic and Mediterranean coasts are being gradually studded with young saplings, and much benefit is anticipated in the marshy districts also from the diminution of malaria. In Gascony, only 11,000 hectares remain to be planted, the estimated cost being £50,000.

When speaking of the Academy of Sciences, I omitted to mention a communication of interest furnished by M. Ollier, in which he describes his method for repairing the loss of the nasal bones by the aid of periosteal regeneration. His plan is to transplant to the site of the dilapidated nasal roofing a sufficient portion of frontal periosteum, much in the same way as the ordinary autoplastic operation is managed.

An interesting article in the *Revue Contemporaine*, by Baron Ernouf, who is evidently no mean chemist, describes the various adulterations of manures now practised on a large scale in France. The guano, for example, which is sold at £10 a ton, is found to contain almost as minute a quantity of the real article as your own "Analytical Sanitary Commission" has occasionally detected in some of the materials of home consumption, the deficit being made up of brick-dust, ashes, iron-filings, and common earth. This article also contains a statement which seems almost incredible—namely, that so great has been the adulteration of bone-black during the course of the last ten years that agriculturists have been robbed to the extent of *eight millions* of francs by the sale of the spurious imitation.

In 1853 a fund, called the "*Caisse de la Boulangerie*," was formed by the French Government in order to keep the price of bread within certain limits, advances being granted therefrom to the bakers of Paris during the bad years, to be repaid during the good ones. As the bread consumed by the population of the capital is made with flour constituting from sixty-four to seventy per cent. of the weight of corn sent to the mill, and as it was suspected—by M. Dumas amongst others—that much of the nutritive principle was wasted in the ordinary operation of grinding, experiments were commenced at the Maison Scipion, or general bakehouse of the hospitals, by order of the Prefect of the Seine, with a view to ascertain whether seventy-five per cent. of good flour could not be extracted from corn without detriment to the quality of the bread produced, the ultimate object being of course a reduction in its price. The experiment succeeded beyond measure, and for the last four years, under the direction of M. Salone, the scheme has been carried out, practically demonstrating the truth of Lavoisier's statement that a pound of corn should yield a pound of bread, the water compensating for the lost weight of bran. This, however, is not all; for the Maison Scipion, with its steam mills and steam kneading-machines, has opened shops for the sale of its bread in the principal markets of Paris, and entered into competition with the bakers, whose complaints have, at this invasion of their privilege, been loud and long. A recent pamphlet, by M. Lebaudy, gives an account of the whole affair, which, as it seems, may possibly terminate in an entire supersession of the corporation of bakers, and in a paternal absorption of the whole monopoly by the Government; at all events, the present position is, "Pull Dumas—pull baker."

I need hardly apologize, I think, in these days of national interchange, for dwelling for a moment upon a subject equally dear both to purchaser and consumer—that of the truffle. As many of your readers, no doubt,—some, perhaps, members of the Pathological Society,—in these full-blown days of the *entente cordiale*, have had the opportunity of appreciating the merits of this esculent fungus in connexion with the

liver of some Strasburg goose in an advanced stage of fatty degeneration, it may be interesting to them to learn something about its previous history. The truffle, although it exists in the northern provinces of France, is little known, save in the southern districts, as an article of common produce. It is found principally in plantations, or in their neighbourhood, and chiefly affects the vicinity of young oaks and firs, growing in a semicircle a few inches below the level of the soil. In the Haute Marne, small dogs (mongrels) are used for finding it; in the Var, a race of lean, flitchless pigs perform the office of truffle-hunters. The education of the dogs consists in hiding underground an old sabot, filled with earth, and containing a bit of truffle and a piece of bacon. The animal is starved until its nose coming to the rescue reveals the buried rasher, and when the shoe is presently scratched up, it is allowed the enjoyment of the bacon for its pains. The dog, eventually confounding the two scents, is reminded by the smell of the truffle of the possibly concomitant eventuality of a dainty morsel, and is consequently prone to adopt a similar course on all future occasions. When well trained, a good truffle hunter is worth a hundred francs or more. The pig, I understand, is educated much in the same way, with this exception, that an acorn or two is, out of delicacy to the animal's feelings, substituted for the rasher. In Piedmont, a white truffle is found, possessed of a very strong garlicky flavour and odour. It is commonly eaten as a salad, with oil and vinegar, and, when in season, its perfume is perfectly recognizable in the atmosphere of the theatre at Turin.

Paris, November 19th, 1861.

MEDICAL TRIALS.

COURT OF QUEEN'S BENCH, MONDAY, NOV. 18TH.

QUAIL *v.* HALL.

THIS was an action in which the plaintiff, who is a miner, sought to recover damages from the defendant, who is a surgeon, for unskilful treatment of a dislocated knee, whereby it was alleged the plaintiff had become a cripple for life. At the trial the plaintiff obtained a verdict, with £45 damages, but subsequently the Court granted a rule for a new trial, upon the ground that the verdict was against the evidence.

The cause was tried before Mr. Justice Keating, who now reported to this Court that, considering the very serious consequences of the verdict to the defendant, he did not think the evidence would warrant the verdict.

After the notes had been read,

Lord Chief Justice COCKBURN intimated that under the circumstances there ought to be a new trial, but only upon the payment of costs.

Mr. Serjeant WHEELER and Mr. BAYLISS showed cause against the rule, and trusted the Court would not grant a new trial in this case. There was conflicting evidence, and the case went to the jury with a strong summing-up in favour of the defendant. The jury retired to consider their verdict, and after two or three hours' consideration they found for the plaintiff. They submitted that upon the evidence, the jury had come to a right decision; but at all events, as there was conflicting evidence, it was peculiarly a case for a jury to decide, and their verdict ought not to be disturbed.

Mr. ASPINALL, who appeared in support of the rule, was stopped by the Court.

Lord Chief Justice COCKBURN said the Court thought it better not to express any opinion upon the case as it then stood; but, taking into account the remark of Mr. Justice Keating, who tried the cause, the Court did not think the verdict was entirely satisfactory. There would, therefore, be a new trial, but only upon the payment of the costs by the defendant.—Rule absolute accordingly.

*** It will be seen from the above report that Mr. Hall has succeeded in his motion for a new trial. The Lord Chief Justice might well remark, that the Court did not think the verdict was entirely satisfactory.—ED. L.

M. CHASSAGNY, of Lyons, has proposed an ingeniously constructed amygdalotome, resembling Fahnenstock's instrument. The straight fork is replaced by horizontal hooks, which draw the hypertrophied gland into the ring of the guillotine. That it is now and then very difficult to get the tonsil into the ring every operating surgeon knows.

THE PITTARD FUND.

THE following contributions have been received, in addition to those already acknowledged:—

Prescott G. Hewett, Esq., F.R.C.S. ...	£5	5	0
Professor Lionel S. Beale, M.B., F.R.S. ...	2	0	0
Henry Johnson, Esq., Crutched-friars ...	10	10	0
Nathaniel Montefiore, Esq., F.R.C.S. ...	3	3	0
Henry E. Norris, Esq., M.R.C.S.	5	0	0
H. R. F.	2	0	0
H. E. Murrell, Esq., Walbrook	1	0	0
Dr. Harvey	2	2	0
George C. Steet, Esq., F.R.C.S.	5	0	0
T. Spencer Wells, Esq., F.R.C.S.	1	1	0

Erratum.—Mr. Henry Smith's subscription, in last week's LANCET, should have been stated as £2 2s. instead of £1 1s.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 14th inst.:—

Allfrey, Charles Henry, Stamford-hill.
Cooper, Herbert, Bristol.
Davey, John Edwin, Lewes, Sussex.
Dustan, John, Jersey.
Edwards, Morgan John, Newbridge, Glamorganshire.
Fletcher, Henry Studd, Abingdon.
Gale, Henry Stanley, Hampstead.
Harris, Walter, Waterford.
Hicks, John Wale (L.R.C.P.), Hackney.
Lidderdale, John, Osmington, near Weymouth.
Meade, Edward, Midleton, Co. Cork.
Mitnish, Henry William, Calcutta.
Murrell, William Henry Julius, Lewes, Sussex.
Onley, Samuel, Cheltenham.
Ramsbotham, Samuel Henry, Leeds.
Russell, William Smyth, West Indies.
Smith, Henry, Wigan, Lancashire.
Thorne, Thomas Henry, Northampton.
Wadd, Thomas Herbert, Basinghall-street.
Watson, William Tyndale, Tottenham.
Whitall, James William, Chertsey.
Winterbottom, Edwin John, Sloane-street.

The following gentlemen were admitted Members on the 15th inst.:—

Adams, Thomas Rutherford (L.S.A.), Kilkenny.
Daniell, John, Sydney, Australia.
Hoff, George Framingham, Calcutta.
Sheetz, James, Etawah, Bengal Presidency.
Sheppard, William Matthew (L.S.A), Geelong, Australia.
Troy, John Henry, Clarendon-square.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 14th inst.:—

Adams, Webster, St. Thomas's Hospital.
Bromley, John Bourne, Stonebridge.
Carter, Edward H., Billericay, Essex.
Dyte, David Hyman, London.
Owen, Richard J., Leamington.
Walker, Bernard, Sheffield.

The following gentlemen also on the same day passed their first examination:—

Lindon, John Crump, St. Bartholomew's Hospital.
Row, William, Guy's Hospital.

UNIVERSITY OF LONDON.—The following are lists of candidates who passed the respective examinations indicated:—

SECOND B.SC. EXAMINATION, 1861.

First Division.

Dickins, Frederick Victor, private tuition.

Second Division.

Bell, John William, Trinity College, Dublin.
Gibsone, Rev. B. W., B.A., King's College.
Leach, John Comyns, University College.
Unwin, William Cawthorne, New College.

SECOND M.B. EXAMINATION, 1861.

First Division.

Atchley, Geo. Frederick, Bristol Med. School and King's.
Bankart, James, Guy's Hospital.
Buszard, Frank, Guy's Hospital.
Dickins, Fred. Victor, Manchester Royal Infirmary.
Fagge, Charles Hilton, Guy's Hospital.
Ferguson, George, St. Bartholomew's Hospital.
Fortescue, George, King's College.
Galton, John Henry, Guy's Hospital.
Gee, Samuel Jones, University College.
Mackenzie, Morell, London Hospital.

Second Division.

Alford, Henry James, University College.
Brown, John Barr, King's College.
Brown, Robert Charles, King's College.
Buchanan, Albert, University College.
Chard, Octavius E. P., University College.
Harrison, Alfred Jas., Birmingham Gen. Hosp. and Guy's.
Holland, Edmund, University College.
Hulke, Frederick Thomas, King's College.
Michell, Thomas, London Hospital.
Miller, John Nicholas, University College.

UNIVERSITY OF CAMBRIDGE, NOV. 16TH.—Examination for the degree of M.D. of persons who graduated as M.B. before March 3rd, 1859, but who did not become Licentiates:—

Charles A. L. Robertson, M.B. (1853), Caius College.

The following gentlemen passed the Second M.B. Examination:—

Walter B. Cheadle, B.A., Caius College.
John C. Fish, B.A., Caius College.

The Vice-Chancellor has given notice, that the Professorship of Chemistry having become vacant by the death of the Rev. James Cumming, the election of a new Professor of Chemistry will take place on Friday, the 6th of Dec. next. The electors to the Professorship are the persons whose names are on the electoral roll of the University. The Vice-Chancellor and Proctors will receive the votes of the electors from eleven o'clock in the morning till one o'clock, when the Vice-Chancellor will declare the election.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. — On the 20th inst. the following gentlemen passed the major examination as pharmaceutical chemists:—John W. Coles, Camberwell; John E. George, Newcastle-Emlyn; John W. Ferneley, Grantham; James Spearing, Southampton.

THE SOCIETY OF APOTHECARIES.—The master, wardens, and members entertained a number of distinguished visitors at dinner, at their Hall in Blackfriars, on the 11th inst. Mr. Buchanan, the master, occupied the chair. Amongst the guests were the Revs. Messrs. Blaksley and Chase; Drs. Burrows, Barnes, Chambers, and Gull; and Messrs. Paget, De Morgan, and Henry Smith. Notwithstanding the insinuation of sundry political elements of discord, the effusion of good fellowship and of mutual personal respect secured a most harmonious and pleasant evening.

LUNATIC ASYLUM FOR CLONMEL. — The Lords Justices and Privy Council of Ireland have issued an order that out of the growing produce of the consolidated fund of the United Kingdom of Great Britain and Ireland, arising in Ireland, there be advanced and issued and paid into the Bank of Ireland, to the credit of the Commissioners of Lunatic Asylums, the sum of £4500 for and on account of works and alterations in the old workhouse of Clonmel, which is to be converted into an auxiliary lunatic asylum for the Clonmel district.

POPULATION OF THE GLOBE.—A Professor of the Berlin University has been making curious researches respecting the population of the globe. The following is the result:—Population of Europe, 372,000,000; of Asia, 720,000,000; of America, 200,000,000; of Africa, 89,000,000; of Australia, 2,000,000: total population of the globe, 1,283,000,000. The average number of deaths per annum in certain places where records are kept, is about 1 to every 40 inhabitants. At the present time the number of deaths in a year would be about 32,000,000, which is more than the entire present population of the United States. At this rate the average number of deaths per day is about 87,861; the average per hour, 3653; the average per minute, 61. Thus, at least, every second a human life is ended. As the births considerably exceed the deaths, there are probably 70 or 80 human beings born per minute.

HEAVY DAMAGES AGAINST AN AMERICAN DOCTOR. — Dr. Frederick A. Caldwell has been tried at Chicago, charged with having, by malpractice, destroyed the eye-sight of Miss Julia Farrell. The jury gave a verdict, 10,000 dols. damages. The doctor asks for a new trial.

ROYAL INFIRMARY, EDINBURGH. — The sum of £109 has been paid over to the funds of this institution, being the proceeds (after deducting expenses) of the lecture delivered in the Assembly-rooms there by the distinguished traveller, M. du Chaillu.

ROYAL GEOGRAPHICAL SOCIETY.—The first meeting of this Society for the session 1861-62 was held at Burlington House, Piccadilly, on the 11th instant, and was most numerously attended. Sir Roderick I. Murchison, vice-president, occupied the chair.

ACUTE GLANDERS IN A PREGNANT WOMAN, RESULTING IN DEATH.—M. Maugeret of Tours, in France, relates, in a late number of the *Gazette des Hôpitaux* (Sept. 24th), a most puzzling case where death was eventually found to be the result of glanders. The patient was thirty-nine years of age, a rag-dealer, and seven months pregnant. She lived in a most filthy room, surrounded by bones, rags, and offal of all kinds. The family kept a small, sickly, jaded horse, afterwards known to be suffering from glanders, and which was habitually tended by the patient, drank from the same vessel as the inmates, and was thought to be affected with paralysis of the legs. The woman, after long draughts of cold water, when heated, was attacked with a kind of intermittent fever, this masking the pneumonia, which was soon discovered. Several days afterwards she had severe pain in the legs, pustules about the nose and forehead, and discharge from the nostrils. The eruption soon invaded the whole face and descended to the shoulders; the nose swelled enormously, the discharge becoming thick and purulent; and, as the glands of the neck swelled considerably, the head became hideously large and repulsive. Delirium set it, scorbutic patches appeared on the chest and legs, and dark blood exuded from the gums. The face swelled more and more, and became covered with crusts and blisters; the discharge from the nose increased and was incessant; the eyes, enormously tumefied, also oozed with purulent matter; the respiration was anxious; the tongue black, thick, and dry; the stools involuntary. The agitation and cries of the patient were fearful, and she could hardly swallow a drop of liquid. The whole body was soon covered with a fœtid perspiration and a great number of tumours, and the breath was so horrible that none but members of the family could be found to attend to the unhappy woman. In this fearful state, she began to feel child-bearing pains, and she had enough strength left to ask for her midwife. The latter had the courage to answer the sad appeal, and the patient gave birth to a living though hardly viable child, which lived twenty-four hours—a time just sufficient to allow it to be buried with its mother.

AT ROUEN, a few days ago, twin sisters, the wives of two workmen, at a few hours from each other, gave birth each to twin boys.

DEATH IN A RAILWAY TRAIN.—On Monday last Mrs. Kellow journeyed to St. Cleer by the Great Western Railway, on a visit to her son and his wife, but when in transit was taken ill and died. On Wednesday morning her son and his wife took her to her home to bury her, Mr. and Mrs. Kellow returning to their home in the afternoon, having with them an infant three or four months old. The baby was very still, but was not looked at until they came to Liskeard station, when they found it dead.

NEWSVENDORS' PROTECTION SOCIETY. — On the 12th instant a meeting of the wholesale and retail newsagents of the north-eastern district of the metropolis was held at the Hare Inn, Hoxton, Mr. J. Smith, of King's-cross, in the chair. Resolutions were passed for the formation of a society to protect the interests of the trade, to co-operate with the societies already formed in the west, north, and south parts of London, and to adopt a requisition calling on the weekly papers to raise their prices, and deprecating the recent reductions as uncalled for by the public, and as a wanton encroachment on the rights and profits of the trade. In the course of some animated discussion that ensued, a suggestion, which met with much applause, was thrown out to the effect that in the event of the movement not being successful steps should be taken amongst the three thousand newsagents of London, in conjunction with the trade in the provinces, to establish a joint-stock weekly paper of their own.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—On the 4th inst. the usual quarterly meeting of the committee of this branch of the above Society was held in the Belfast Medical Society's library-room, the chair being filled by Dr. T. H. Purdon, the permanent local president. Dr. Browne, the treasurer, reported that since last meeting he had received a donation of £10 from an esteemed and eminent member of the profession, who, however, requested that his name should not be made public. A conversation having arisen regarding one of the pensioners of the Society being now no longer a fit object for its bounty, it was arranged that at the next annual distribution the name should be omitted for assistance. The subject of bringing before the nobility and gentry residing in this branch the objects of the Society, with the view of obtaining their support, having been discussed and agreed upon, directions were given to the secre-

tary to write to those parties and earnestly request their countenance and pecuniary aid, and report to next meeting. Arrangements were then made for holding the annual meeting of subscribers and friends to the Society at the usual period for the election of officers, &c.; and some other business having been disposed of, the meeting separated.

PEPSINE IN INDIGESTION OF NEW-BORN CHILDREN.—The *Moniteur des Hôpitaux* of July last contains an article by M. Toulin, who had to treat a new-born child labouring under great weakness, vomiting, diarrhœa, &c. As it was evident, from the constant vomiting, that the child did not properly digest the milk, M. Toulin had recourse to pepsine, which was given in two-grain doses mixed with sugar-water. The mother at the same time made her milk flow into the child's mouth, as he was too weak to suck. On the third day the diarrhœa had ceased, and the vomiting was quite controlled on the twelfth day. The child is now two years old, and the picture of health. Pepsine has also been found useful with children who take large quantities of milk from the breast and regularly reject a portion of it.

DEATH OF SIR JOHN CÆSAR HAWKINS, BART.—This event occurred at the residence of his sister, Frenchay, Gloucestershire, on the 9th inst. The deceased, who was the third baronet, was the second son of the first baronet, by the daughter of John Coxe, Esq. He was born in 1782, and succeeded his brother in 1793. He was educated at Eton, and married, in 1804, Charlotte, the eldest daughter of William Surtees, Esq., of Hedley, Northumberland. The first baronet was sergeant-surgeon to George III. He is succeeded by his grandson, John Cæsar, who was born in 1837.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, NOVEMBER 16TH.—The high mortality that attends the inclement months of the year has begun to appear in the weekly returns. The deaths in London were 1078 in the last week of October; they rose to 1251 in the following week, and to 1288 in the week that ended last Saturday. The mean weekly temperature of the air was above 58° till near the middle of October; it fell to 45·5° at the end of the month, and in the first two weeks of November was respectively 42·0° and 39·7°. The mortality from bronchitis exhibits an increase; the numbers referred to this complaint in the last three weeks are 81, 87, and 131. Scarlatina continues to predominate amongst the zymotic diseases; the deaths caused by it last week were 101; by diphtheria, 25. There were 62 by typhus, 17 by croup, 3 by small-pox, and 6 by measles.

The births registered in London were—boys, 876; girls, 898.

SATURDAY, NOV. 9TH.—The London returns for the week that ended last Saturday exhibit a great increase. The deaths, which were less than 1100 in each of the last three weeks of October, rose to 1251 in the first week of November. Last week they exceeded by 41 the number which would have been returned if the average rate of mortality had prevailed. In the last two weeks scarlatina rose from 94 to 111, whooping-cough from 35 to 45, phthisis from 124 to 159, apoplexy from 18 to 33, disease of the heart from 47 to 67, pneumonia from 70 to 89, disease of the liver from 8 to 21. Scarlatina appears to be very prevalent in some parts of the metropolis. There were 19 deaths from diphtheria; 3 children died of this disease in the Children's Hospital, Great Ormond-street.

The births registered in London were—boys, 840; girls, 870.

Obituary.

SIR JOHN FORBES, M.D., D.C.L. OXON., F.R.S.

THIS gentleman died on Wednesday, Nov. 13th, in the 74th year of his age, at the residence of his son at Whitchurch, in Berkshire. He was born at Cuttelbrae, Banffshire, in 1787, and after a preliminary education at the Grammar School, Aberdeen, he entered Marischal College, and graduated at Edinburgh in 1817, having spent the nine previous years as assistant-surgeon and surgeon in the Navy. Having retired from the service, he commenced practice as a physician at Penzance, and subsequently removed to Chichester. In 1840 he took up his residence in London, and was appointed Physician to the Prince Consort, and in the following year he received a similar appointment in the Queen's household. He was knighted in 1853. During the last three years of his life his health was so much impaired that he was compelled to retire from practice.

As a physician, Sir John Forbes never had an extensive practice. His name is more connected with the profession as author and editor. His first work was a translation of Laennec's treatise on "Auscultation and Diseases of the Chest." He published also some "Original Cases illustrating the use of the Stethoscope, with a translation of Avenbrugger." He edited conjointly with Drs. Tweedie and Conolly the "Cyclopædia of Practical Medicine," to which he contributed several valuable articles, which justly raised his reputation as an author. In 1836 he founded the *British and Foreign Medical Review*, which for a time was conducted with great ability, offering as it did a striking contrast to the ponderous periodical at that time edited by Dr. James Johnson. The latter numbers of the *Review*, however, were characterized by a total departure from the principles which appear to have regulated the earlier numbers, and advocated doctrines which had a most injurious influence upon the practice of rational medicine. The *Review* became, in fact, the indirect advocate of homœopathy and other quackeries. As might have been anticipated, the result was disastrous, the *Review* dying of inanition, its proprietor having sustained severe pecuniary loss. It may be argued that Dr. Forbes was influenced in his conduct by the very serious abuse which at the time prevailed of over-drugging patients; but looking back at this distance of time impartially on the matter, it is impossible to justify the mode and style which Dr. Forbes adopted to attain his object. He affected to sneer at those journals which defended legitimate practice, and closed his *Review* with a most unseemly attack upon his contemporaries. It has been stated that Dr. Forbes was the first to pay contributors to medical journals. This is simply untrue. Dr. Clutterbuck, Dr. Jas. Johnson, and THE LANCET had adopted, in many instances, this principle many years before. After the publication of the obnoxious articles in his *Review*, Dr. Forbes never recovered his position as a physician in the estimation of British practitioners, and we believe that for several years his consultation practice was exceedingly limited. His subsequent works with the exception of "Nature and Art in the Cure of Disease," partook more of a literary than a medical character. In private life he was amiable and estimable; his name was associated with many most benevolent objects, and in the circle of his friends he was justly regarded with admiration and esteem. In summing up his character as a physician, it cannot be denied that, whilst his writings, when they were confined to the elucidation of rational medicine, placed him high on the roll of medical authors, as a practical physician he never obtained celebrity. As a reviewer, his essays were far inferior to many of less pretension. He was dogmatic, crotchety, and unnecessarily severe. Amongst a certain class of writers of the young physic school, he was regarded as an authority; but amongst practical men he was deemed a mistaken enthusiast. It is remarkable that a man who had written so much, and who had assumed the position of leading medical opinion, should have outlived his reputation. Dr. Forbes will be chronicled in the future history of medicine as a benevolent and conscientious physician; but it will be vain to attempt to associate his name with those great men who, by their writings and their labours, have contributed to the advancement of the art and science with which they were connected.

AUGUSTIN SAYER, M.D., F.R.C.P.

DR. SAYER died at his residence, Upper Seymour-street, Portman-square, on the 15th inst., at the age of seventy-one. The deceased became a B.A. in 1811, and M.A. in 1813. He was physician to his late Royal Highness the Duke of Kent; honorary physician to Prince Frederick of the Netherlands; and physician to the Lock Hospital and Asylum. He was a fellow of the Royal Medical and Chirurgical Society and of the Medical Society of London. Dr. Sayer for some years took an active part in the proceedings of the Westminster Medical Society, of which he was president about fifteen years since. He was an earnest advocate of sanitary reform, and a conspicuous member of the Marylebone Representative Council. He was originally an army surgeon, and was for some time a prisoner of war. Dr. Sayer was much esteemed in private life.

MEDICAL VACANCIES.

THE office of House-Surgeon and Dispenser to the West Kent Infirmary is now vacant.

The election of a Medical Officer for the Pembridge District of the Kington Union will take place on the 30th instant.

The office of House-Surgeon and Secretary to the Sunderland General In-

firmary and Dispensary has become vacant by the resignation of Mr. Henry John Yeld.

There are vacancies in the Chester General Infirmary for a House-Surgeon and an Assistant House-Surgeon in consequence of the resignation of Mr. Hughes and Mr. Walker.

A vacancy has occurred for a Junior House-Surgeon in the Manchester Royal Infirmary.

There is a vacancy for a Honorary Surgeon in the Wallasey Dispensary.

Two Physicians and an Assistant-Physician to the Queen's Hospital, Birmingham, will be elected on the 31st proximo.

The office of Physician to the Metropolitan Dispensary and Charitable Fund has become vacant by the resignation of Dr. M. P. James.

MEDICAL APPOINTMENTS.

DR. EDWARD HEAD and Dr. John Henry Thomas, have been appointed Physicians to the North London Hospital for Consumption, in addition to Dr. Godwin Timms.

Dr. Henry Overend Bowman has been appointed Physician to the Sunderland General Infirmary and Dispensary.

Dr. Robert Adams has been appointed to the University Professorship of Surgery, Trinity College, Dublin, vacant by the death of Dr. Cusack.

Dr. James Birkett Hodgson has succeeded Mr. George Dawson Hunt as Medical Officer and Public Vaccinator for District No. 1 of the Preston Union, Lancashire.

The Queen has been pleased to appoint Robert Adams, M.D., President of the Royal College of Surgeons in Ireland, to be Surgeon in Ordinary to her Majesty in Ireland, in the room of James Wm. Cusack, M.D., deceased.

Dr. Mahony, of Glencairn, Lismore, has been elected Medical Officer of the Cappoquin Dispensary District, vacant by the death of Dr. Smith.

The Queen has been pleased to appoint David Mason, M.D., to be a Member of the Legislative Council of the Island of Jamaica.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

72nd Foot: The appointment of Assist.-Surg. David Ritchie Pearson, M.D., from the Rifle Brigade, which appeared in the *Gazette* of the 8th of October, has been cancelled; Staff Assist.-Surg. Joseph Salkeld Johnston, M.D., to be Assist.-Surg., vice Morgan Jones Jones, appointed to the Staff. Rifle Brigade: Assist.-Surg. Charles Seward has been permitted to resign his Commission. Staff-Surg. of the 1st Class William Henry Burrell, M.D., upon half-pay, to be Deputy Inspector-General of Hospitals, and to be placed upon half-pay, under the provisions of the Royal Warrant of the 6th of October, 1854, with a view to his being specially employed upon the Barrack and Hospital Committee, Oct. 14th, 1857. Staff Surg. Edward Menzies, having completed a period of twenty years' full-pay service, to be Staff Surg.-Major, under the provisions of the Royal Warrant of October 1st, 1858. Assist.-Surg. John Henry Halked Tothill, from the 19th Foot, to be Staff Assist.-Surg., vice Henry Thomas Sylvester, M.D., placed upon half-pay. Staff-Surg. Orlando Sawle Donnell, having completed twenty years' full-pay service, to be Staff Surg.-Major, under the provisions of the Royal Warrant of Oct. 1st, 1858. Assist.-Surg. Edward Acton Gibbon, from the 7th Foot, to be Staff Assist.-Surg., vice Charles Longmore, placed upon half-pay. Assist.-Surg. John Anderson, M.B., from the 73rd Foot, to be Staff Assist.-Surg., vice William Creagh, appointed to the Royal Artillery.

Commissions signed by Lords-Lieutenant.—4th Surrey Rifle Volunteers: George Rill Ord, Gent., to be Assist.-Surg. 1st Administrative Batt. of Inverness-shire Rifle Volunteers: Robert Alexander Manford, to be Surg. 1st Inverness-shire Artillery Volunteer Corps: John Wilson, to be Surgeon. 5th Glamorganshire Rifle Volunteers: Richard Jenkins, Gent., to be Hon. Assist.-Surg. Lancashire Rifle Volunteers: Her Majesty has been pleased to accept the resignation of the Commission held by Assist.-Surg. John Wm. Hayward, M.D., in the 66th Lancashire Rifle Volunteer Corps. Elginshire Rifle Volunteers: Her Majesty has been pleased to approve of the appointment of John George Innes, Gent., as Surg. to the 1st Administrative Batt. of Elginshire Rifle Volunteers; also of Robert Smith, Gent., as Assist.-Surg. to the same Battalion. East York Rifle Volunteers, 1st Corps (Hull): Her Majesty has been pleased to accept the resignation of the Commissions held by the following gentlemen:—Hon. Assist.-Surgeons Henry Gibson, John Pearne Holden, and Frank Wood Casson. Staffordshire Rifle Volunteers, 2nd Administrative Batt.: Henry Thomas Lomax, to be Surg. 25th Company: William Howard Masfen, M.B., to be Hon. Assist.-Surg., vice Lomax, resigned. 2nd Royal Lanarkshire Militia: Assist.-Surg. James Davidson Mackay Coghill, to be Surg., vice Frederick Gourlay, resigned; Alexander Maxwell Adams, jun., to be Assist.-Surg., vice James Davidson Mackay Coghill, promoted. 5th Aberdeenshire Rifle Volunteer Corps: James Leslie, to be Hon. Assist.-Surg. 5th Forfarshire Rifle Volunteer Corps: Dr. Samuel Lawrence, to be Assist.-Surg. in the above Corps. 6th Regt. of Royal Lanarkshire Militia: Frederick Foulkes, Gent., to be Assist.-Surg., vice Anthony Beaufort Brabazon, resigned. 11th Shropshire Rifle Volunteer Corps: William Weaver Jones, Gent., to be Hon. Assist.-Surg.

James N. Dick, Surg., to the *Flying Fish*; John Elliott (additional), Surg., and John S. Adams and William H. Clarke (additional), Assist.-Surgs., to the *Nile*, to the Battalion of Royal Marines; John King, Surg., to the *Donegal*; R. L. B. Head, Assist.-Surg. (additional), to the *Impregnable*, for the *Squirrel*; Dr. Mark Hamilton, to the *Greyhound*; W. H. Sloggett, Surg., to the *Edgar*; G. F. Elliott, Assist.-Surg., to Chatham Marines; Henry F. Nathan, Assist.-Surg., to the *Cambridge*; James E. Fawcett, Assist.-Surg. (additional), to the *Wellesley*; Dr. James A. Allan, Acting Assist.-Surg., to the *Emerald*; Sydney H. Knaggs, Acting Assist.-Surg., to the *Algiers*.

Births, Marriages, and Deaths.

BIRTHS.

On the 3rd inst., at Kensington-gardens-square, the wife of A. Shewan, Esq., Deputy Inspector-General of Hospitals, of a son.

On the 5th inst., at Sutton-Coldfield, the wife of H. E. F. Shaw, Esq., M.R.C.S., of a daughter.

On the 6th inst., at West Clayton-street, Newcastle-upon-Tyne, the wife of A. S. Donkin, M.D., of a son.

On the 9th inst., at St. Mary's terrace, Malda-hill, Paddington, the wife of John Gulse Westmacott, M.D., of a son.

On the 11th inst., at Malling-place, West Malling, near Maidstone, the wife of Thomas Harvey Lowry, M.D., of a daughter.

On the 12th inst., at Dene House, Walker, near Newcastle-upon-Tyne, the wife of James R. Howard, Esq., M.R.C.S., of a son.

On the 13th inst., at Amelia-place, Southgate-road, the wife of Robert J. Black, M.D., of a daughter.

On the 13th inst., at Half Moon-street, Piccadilly, the wife of Thomas Peregrine, M.D., of a son.

On the 14th inst., at Gosport, the wife of John Robert Kealy, Esq., M.R.C.S., Associate of King's College, London, of a son.

On the 15th inst., at Charlwood-street, Warwick-square, Pimlico, the wife of James Riley, Esq., M.R.C.S., of a daughter.

On the 16th inst., at Compton-terrace, Islington, the wife of J. Holmes Buxton, Esq., M.R.C.S., of a son.

On the 16th inst., at Western House, Winslow, Bucks, the wife of T. Newham, M.D., of a son.

On the 16th inst., at Kelso, the wife of W. M. Mackenzie, M.D., of a daughter.

MARRIAGES.

On the 21st of Sept., at Dinapore, Bengal, Thomas Frederick Wall, Esq., Surgeon of H.M.'s 38th Regiment, to Frances Doveton, eldest daughter of Brigadier George Burney, Commanding Troops, Dinapore.

On the 6th inst., at Dartford, Egbert Charlton, M.D., second son of John Sills Charlton, Esq., of Tunbridge, to Mary Frances, eldest daughter of Fred. L. Malton, Esq., of Glastonbury, Somerset.

On the 6th inst., at Christ Church, Tynemouth, Edward Richardson, Esq., M.R.C.S., of Mount-place, London Hospital, to Barbara Georgiana, youngest daughter of the late Philip Taylor, Esq., of Seaton Sluice, Northumberland.

On the 7th inst., at Great Yarmouth, Thomas A. C. M'Arthur, Esq., Assist.-Surgeon to the Forces, to Harriotte Jane, second daughter of J. E. Reeve, Esq., of the former place.

On the 7th inst., at Dawlish, the Rev. Gilbert Lyon, B.A., son of Gilbert Lyon, M.D., of Clifton, to Albinia Mary, daughter of William Fripp, Esq., Magistrate and Deputy-Lieutenant of the County of Gloucester.

On the 12th inst., at the Parish Church, Staveley, Derbyshire, Thomas Evans Evershed, Esq., M.R.C.S., of Billingshurst, Sussex, to Frances Mary, third daughter of the late William Gregory, Esq., of Staveley.

On the 13th inst., at Sea-view, West Kilbride, Andrew Macgill, M.D., to Agnes Martha, eldest surviving daughter of the Rev. John Boyd.

On the 20th inst., at St. Giles's Church, Camberwell, William H. Cufande, Esq., M.R.C.S., of Acle, Norfolk, to Maria, eldest daughter of Thos. Fletcher, Esq., late of Southover, Sussex.

DEATHS.

On the 3rd inst., at Rockcorry, John Rankin, eldest son of Robert M. Rankin, M.D., aged 8.

On the 6th inst., at the County Monaghan Infirmary, Wm. Tertius Madden, eldest son of Wm. Madden, M.D., aged 23.

On the 7th inst., at the Grand Parade, Brighton, Avery Roberts, M.D., after a long illness.

On the 11th inst., at Chester-place, Hyde-park-square, William Mosson, younger son of Robert Colburn, M.D., aged 3 years and 9 months.

On the 7th inst., at Ironbridge, Shropshire, James Wyke Rowland, Esq., M.R.C.S., aged 58.

On the 13th inst., at Taunton, Louisa, the wife of James H. Pring, M.D., late of Weston-super-Mare.

On the 13th inst., at Clifton-road, St. John's-wood, George James Harries, M.D., son of Chas. Alex. Harries, Esq., M.R.C.S., of Bath, aged 25.

On the 17th inst., at Witham, Essex, Thomas Tomkin, M.D., aged 74.

On the 17th inst., at Victoria-street, Norwich, Daniel H. S. Jay, Esq., eldest son of the late Simon Jay, Esq., Surgeon, of Great Yarmouth.

Medical Diary of the Week.

MONDAY, Nov. 25	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures. Lect. II.: Dr. F. W. Mackenzie, "On Physiological Researches into the Origin of Phlebitis as connected with the Pathology of Phlegmasia Dolens."
TUESDAY, Nov. 26	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Richard Barwell, "On the Evils of Tenotomy, and a New Method of Curing Deformities of the Foot."—Mr. T. Nunneley, of Leeds, "On Congenital Malformation of the Eyes in Three Children."
WEDNESDAY, Nov. 27	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARK'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. HUNTERIAN SOCIETY. — 8 P.M. Dr. J. Braxton Hicks, "On the New Mode of Turning."
THURSDAY, Nov. 28	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M.
FRIDAY, Nov. 29	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, Nov. 30	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

Mr. W. R. C. Nourse is mistaken if he supposes there was any desire to annoy him. If he had been in the habit of reading the pages devoted to correspondents in this journal, he could not fail to have seen that we have had frequent occasion to reprobate the practice of sending the same communication to all the medical journals. In some of these instances it was evident that the object of the writers was to advertise themselves. We fully acquit Mr. Nourse of any such intention; but we could not even in his case depart from the line of conduct which we have prescribed for ourselves. The crowded state of the columns of THE LANCET renders it necessary for us to reject communications not written exclusively for this journal. We are convinced that the regulation is a wholesome one in every sense of the word.

Chemicus.—We know nothing of the person's professional standing. His qualifications are stated as follows:—"Maddock, Alfred Beaumont, M.D. Giessen, 1839; M.D. Philadelphia, U.S.; M.D. et Chir. Rostock (exam.), 1858."

PODOPHYLLIN.

To the Editor of THE LANCET.

SIR,—I have been in the constant habit of prescribing podophyllin since 1854, when an American oculist, having placed his daughters under my care on his return to the States, gave me a bottle, saying, "If ever you deem it advisable to prescribe a mercurial for my girls, you will oblige me by substituting this." Since then I have used it continually with great satisfaction both in this and other countries. Seeing a notice to a correspondent in your last impression, I beg leave to make a few remarks upon its administration and effects.

1. If given twice a day in quarter-grain doses, combined with opium, so as to check its aperient action, and continued for a few days, profuse salivation will occur, with, however, fetor of breath or ulceration of gums. This rapidly subsides on discontinuing the medicine.

2. If given alone, it has a tendency to produce nausea and griping in some persons.

3. Very few English people can bear more than from half to a grain for a dose, although in the hot season abroad I have frequently given larger doses.

4. It is very slow in its action, often ten or twelve hours; but in the following combination induces one or two copious bilious stools, which are attended by a sensation of the bowels having been emptied thoroughly, and without tenesmus: Podophyllin, one grain; rhubarb powder, nine grains; powder of capsicum, two grains: make into three pills; one or two for a dose. This is my ordinary aperient pill. In larger doses, in combination with digitalis, I have given it in dropsy; but from its tendency to produce sickness it is objectionable. Its action on the liver makes it worthy of a place in our materia medica, as if given in small doses it may be relied on as much as mercury.—Yours, &c.,

November, 1861. CLIFTONVILLE.

Veterinarian, (Scotland.)—If the three cases lately detailed in the *Gazette des Hôpitaux* could be depended upon, the question would be settled affirmatively—viz., that glanders in all of its stages is not an incurable malady. M. Guérin would be right after all. Iodine, sulphur, aconite, the acid nitrate of mercury, common salt, and good diet, were severally tried.

Mr. John Taylor's (Liverpool) "Essay on the Alkaline Hypophosphites and their Medicinal Properties" shall be commenced next week.

B. O.—A communication may be addressed to Dr. Garrod, Harley-street, Cavendish-square, one of the committee.

Inquirer.—The executors can compel a bill of particulars to be rendered before payment.

VOLUNTEERS AND THEIR PRIVILEGES.

To the Editor of THE LANCET.

SIR,—Having made a claim of exemption from tax for one horse as a charger, which was questioned by the Inland Revenue Office on the ground that I was *not* a field officer, I made an application, through the honorary secretary of the 6th Sussex Volunteer Rifles, to the War Office as to my position and status. I append an extract from a letter from the War Office in reply.—Yours, &c.,

ROGER TURNER, M.D.,

Petworth, Nov. 1861. Surgeon 2nd Battalion Sussex V.R.

"War Office, 8th November, 1861.

"SIR,—I am directed by Secretary Sir George Lewis to inform you that the staff surgeon of an administrative battalion of rifle volunteers is entitled to the position and status of a field officer.

"I have the honour to be, Sir, your obedient servant,

"The Officer Commanding 6th Sussex Rifle Volunteer Corps, Petworth." "W. McMURDO.

W. C., (Liverpool.)—With regret we see no way of affording assistance in the case. Such a situation might probably be obtained by advertising. An advertisement shall be inserted in THE LANCET if forwarded to us.

Operatorunculus.—Maunder's Operative Surgery in English, and Malgaigne's in French, may be recommended.

Dr. H. Monckton should give the advertisers a hint.

Sussex.—It might be within the strict letter of the law; but it would be a most ungracious and unwarrantable proceeding, and one which might form just grounds of complaint to the Poor-law Board.

Mars.—The communication has been received, and shall appear in an early number.

A QUERY.

To the Editor of THE LANCET.

SIR,—Will some of your numerous readers kindly tell me if they have found the oxalate of cerium of service in the sickness of pregnancy? If so, in what dose, and how often given? Your obedient servant,

November, 1861. FAR WEST.

*** The oxalate of cerium will not unfrequently be efficacious in moderating the obstinate vomiting of pregnancy when other means have failed. The dose may be from two to three grains three times a day.—ED. L.

A Licentiate of the Apothecaries' Company, &c.—It is difficult to interfere with counter practice. An apothecary is a person who "attends, prescribes, and dispenses medicine for gain in a medical case." An unqualified person so practising can be prosecuted under the Apothecaries Act.

Dr. Brinton's paper "On the Treatment of Tubercular Hæmoptysis" shall be inserted in our next impression.

Chirurgus.—M. Maisonneuve's method of forming the plaster-of-Paris bandage for the treatment of fracture is very highly thought of in France. A correspondent in a recent American journal gives the following account of it as applicable to a broken tibia:—

"He orders four coarse cloths, longer than the leg, and each so broad that when folded three or four times, they will be respectively reduced to a breadth of from two to four inches—the breadth, of course, varying with the limb under treatment. After these cloths have thoroughly soaked in the fluid plaster, they are taken dripping from the vessel, and directly applied along the sides of the limb. The lower ends of three of them embrace the foot and lap intimately on the sole. The front one passes on the dorsum to the toes. A circular bandage, saturated or not, is then quickly rolled up to the knee, and perhaps down again to the foot. When this bandage has not been soaked in the plaster, the apparatus is called *demi-plâtre*. In five minutes after everything is solid. The liquid splints have become firm, and every point is supported with an impartiality heretofore unapproached."

It is said that a great many have been disappointed with the above method; but this has often been because the cloth used was too fine. Some coarse material, such as old hospital sheeting, is what ought to be employed. The solution of plaster should be as thin almost as milk.

Dr. Gairdner's Lecture "On the Study of Clinical Medicine" shall be published in an early number.

J. H. A.—We are not acquainted with any such institution.

A CASE OF LOADED COLON IN CONNEXION WITH PROLAPSUS ANI.

To the Editor of THE LANCET.

SIR,—I should be glad if any of your readers would assist me in the treatment of the following case:—

M. D——, a maiden female, aged fifty, of spare habit and good general health, had taken medicines for diarrhœa, under the directions of a druggist, for two months previous to a fortnight since, when she came under my care, suffering from closely-impacted scybalæ in the whole course of the large bowel, more especially in the ascending and transverse colon. The usual remedies for clearing a loaded bowel were resorted to—namely, clysters, followed by calomel and jalap purges; but these only made the case worse, inasmuch as the patient suffers habitually from prolapsus ani, which had rendered the sphincters ani so inert that they had lost all power of retaining an injection or even part of one. Ox gall has been exhibited with the intention of rendering solid fæces liquid, but in vain; warm baths, fomentations, stimulating liniments, and other remedies have also failed. The stools remain liquid, and are frequent. The patient suffers intense griping, with flatulence, also irritation of the bladder, the scybalæ keeping up the irritation of the bowels. All attempts at constipating the bowels, with the intention of acting suddenly on them with purgative medicines when so constipated, have proved useless. The patient is gradually losing strength and spirits.—Your obedient servant,

November 13th, 1861. A SUBSCRIBER.

Mr. Wm. Pitts.—By application to Mr. Tomkins, National Vaccine Institution, Russell-place, Fitzroy-square.

THE reports of the Pathological and Epidemiological Societies, and of the Metropolitan Association of Medical Officers of Health, are in type, but deferred until next week.

ERRATA.—In the report of some observations by Mr. Spencer Wells at the Obstetrical Society, published in THE LANCET last week, page 477, *for* "The coats of the bladder were thickened, and lying loose in the cavity. There was found a mass composed of the whole of the mucous membrane," *read* "The coats of the bladder were thickened; and, lying loose in the cavity, there was found a mass composed of the whole of the mucous membrane." The words are correct, but the punctuation makes a considerable alteration in the meaning. Again, the dilution of acetic acid used was twenty parts of water to one part of acid. In the same gentleman's remarks on Dr. Sims's paper on Vaginismus, "Bourjeaurd's *cylindrical* air-pessaries" should be read instead of "Bourjeaurd's *artificial* air-pessaries."

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Brinton; Mr. Solly; Mr. Braithwaite; Dr. Roger Turner, Petworth; Mr. W. E. C. Nourse, Brighton; Mr. Franklyn; Dr. Tilbury Fox; Dr. Gairdner, Edinburgh; Dr. Knox; Mr. William Pitts; Dr. Henry Monckton, Bagsley; Dr. Newham; Mr. W. J. Stour; Mr. Costello; Mr. Wilson; Dr. Maltby; Mr. G. Walters; Mr. W. C. Rowland; Mr. C. H. Spooner, Totton; Dr. Riding; Mr. T. L. Gentles, Sheffield; Mr. J. M. Lister, Parkridge; Mr. J. Allen, Ripley; Mr. T. H. Graham, Lamberhurst; Dr. Morris; Mr. J. Taylor, Liverpool; Mr. R. Griffin, Weymouth; Mr. Hood, Leamington, (with enclosure;) Mr. Temple, Kington, (with enclosure;) Mr. Vipan, Ely, (with enclosure;) Mr. Moore, Hales Owen, (with enclosure;) Mr. Okell, Northwich; Mr. Boyd, Brynmawr, (with enclosure;) Dr. Smith, Devonport; Mr. Battys, (with enclosure;) Mr. Skinner, Bath, (with enclosure;) Mr. Tannahill, St. Andrews, (with enclosure;) Mr. G. R. Barnes, Dukinfield, (with enclosure;) Mr. C. Coles; Mr. E. M. Roberts, (with enclosure;) Mr. N. Montefiore, (with enclosure;) Mr. J. Ullathorne; Mr. J. Appleyard, Grimsby; Mr. E. Bremridge; Dr. J. J. Nason, Stratford-on-Avon; Dr. Wilks; Mr. J. H. Armstrong; Dr. D. Leslie, Carrickmacross, (with enclosure;) Mr. J. M. Taylor, Castleknock; Mr. T. Constable; Mr. W. B. Pepper, Market Lavington; Dr. Devenish; Dr. Patrick Fraser; Medicus; An Old Subscriber, Birmingham; Inquirer; A Licentiate of the Apothecaries' Company; Britannicus; A Member of the Medical Society of London; Studens; Secretary of the Society of Arts; Chemicus; A Subscriber; B. C.; A Beginner; W. H., (with enclosure;) Operatorunculus; W. C., Liverpool; Far West; &c. &c.